



EMERGENCE SYSTEM

ISO 9001-2015 Certified Company

Address : B-14/10/06 Colgate Chowk, Midc Waluj, Aurangabad - 431136

Ref :

Date : 25-3-2023

To,

ENDURANCE TECHNOLOGIES LIMITED

(ABS DIVISION)

K-226/2 M.I.D.C. INDUSTRIAL AREA WALUJ

AURANGABAD - 431136 Maharashtra India

Subject: *deceleration of medical individual insurance policy*

We M/S EMERGENCE SYSTEM declare that we all employee of star health medical individual policy no- CB0000118414 details below

- 1) **Akshay Elinje** - P/151115/01/2023/006710
- 2) **Avinash Bhavar** -P/151115/01/2023/006703
- 3) **Krushana salve** -P/151115/01/2023/006702
- 4) **Yogesh kulkarni** -P/151115/01/2023/006701

Thanks and regards

VIJAY JAMBHALE

EMERGENCE SYSTEM





Star Health and Allied Insurance Company Limited

IMPORTANT

17-JUN-22

To,

AVINASH SUDAM BHAWAR
AT AURANGPURWADI , POST SHEKTA
TQ. PAITHAN , DIST AURANGABAD

Aurangpur,Aurangabad,Maharashtra -**431105**
Mobile : 91XXXXXX12.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/006703

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.



Star Health and Allied Insurance Company Limited

To,

SALVE KRUSHNA HARIDAS
KASAR GALLI, RANJANI,
TD, GHANSAWANGI, DIST. JALNA

Ranjani, Jalna Maharashtra -431207
Mobile : 78XXXXXXX54.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/006702

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind, Body, healing and other Condition management programmes (Weight management, Diabetes etc...) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health."

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

IMPORTANT
17-JUN-22



Star Health and Allied Insurance Company Limited

To,

IMPORTANT
17-JUN-22

AKSHAY DEEPAK ELINDE
NANDGAON ROAD , PARSHI CHAL,
MANMAD, NASHIK ,

Manmad (M.C),Nashik, Maharashtra -**423104**
Mobile : 97XXXXXXX49.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/006710

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal form which will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

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Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2259/1800-102-4477.

However, the ultimate decision will be that of yours only.



Star Health and Allied Insurance Company Limited

TO,

IMPORTANT
17-JUN-22

ROHIT ASHOK JAMBHALE
AT POST SHEKTA,
TO, PALIHAN, DIST. AURANGABAD

Shekta Aurangabad, Maharashtra -**431105**
Mobile : 87XXXXXXX18.

Dear Customer,

Re: Health Insurance Policy - P/151115/01/2023/006701

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

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Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2256/1800-102-4477.

However, the ultimate decision will be that of yours only.