



Mahatma Jyotiba Phule Education Trust's

S.N.G. Institute of Management and Research

A/P. Jaidwadi, Rajgurunagar, Tal. Khed, Dist. Pune – 410512.



Group Accident Policy to be provided for the Employees

The institute is providing the Group Accident Policy facility for all the employees.

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No:IRDAI/HLT/SHA/P-P/V.III/134/2017-18
Schedule

Policy No. : P/151112/02/2022/004502	Previous Policy No. :
Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 27299021	Issuing Office Code : 151112
Proposer Name : KISHOR NIVRUTTI JAGTAP	Issuing Office Name : Branch Office - Pune - II
Address : AAVISHKAR S.NO.34/2, PLOT NO.74, VIDYANAGAR, ADARSH COLONY, ROAD NO.10/A/1, PUNE Pune,Pune,Maharashtra-411032	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
Tel/Mobile : /9822612878/	Tel/Mobile : 020-67487401 / 020-67487444
Email id : INSURANCESERVICE67@GMAIL.COM	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 15-FEB-2022	Fulfiller Code : SH17101
Renewal Year : NEW	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350 /-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST / U/GST @9% : Rs.32/-	
Stamp Duty : Rs. 25 /- Total Premium : Rs. 414 /-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 15/02/2022 17:54 To Midnight Of 14/02/2023	
Total Sum Insured : Rs. 500000 /-	
Words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	KISHOR NIVRUTTI JAGTAP	M	19/11/1959	62	SELF	SERVICE	Risk Group I	0	0	15-FEB-22

समृद्धी इन्शुरन्स सर्विसेस

गडई मैदान, राजगुरुनगर
श्री सुधीर येवले-9921 350 941 / 9226 785 899

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in



1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/004502

Coverage Details :

SL No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	KISHOR NIVRUTTI JAGTAP	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	KUNDA KISHOR JAGTAP	Spouse	51	100			

Sector Classification

Urban

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/279/2022/895/22 DATED 24-FEB-2022"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 21st Day of March 2022.

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27L110Y22P004203	Customer ID : CB0000056688
Invoice Date : 21/03/22	Policy No : P/151112/02/2022/004502
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : KISHOR NIVRUTTI JAGTAP	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : AAVISHKAR S.NO.34/2, PLOT NO.74, VIDYANAGAR, ADARSH COLONY, ROAD NO.10/A/1, PUNE	Issuing Office Address : Vardhaman 321/A/3,M Fule Path, Shankar Seth Road, Pune 411042
City : Pune,Pune,Maharashtra-411032	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 411032	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees, Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The Invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd

Authorised Signatory



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/P-P/V.III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003192, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003989

Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10855504	Issuing Office Code : 151112
Proposer Name : SHRIKRISHNA GULABRAO WALKE	Issuing Office Name : Branch Office - Pune - II
Address : A/P- PERANE TAL- HAVELI DIST- PUNE Perane, Pune, Maharashtra	Issuing Office Address : Vardhaman 321/A/3, M Fule Peth, Shankar Seth Road, Pune 411042
Tel/Mobile : 098890677350/	Tel/Mobile : 020-67487401 / 020-67487444
Email id : krishnawalke@yahoo.co.in	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhiryeole09@gmail.com
GST @2% : Rs.32/-, SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25/-	Total Premium : Rs. 414/-
Total Premium in Words : Indian Rupees Four Hundred Fourteen Only	
Period of insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SHRIKRISHNA GULABRAO WALKE	M	25/06/1979	42	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH48005

Place : PUNE - II

Approved by : SH48005

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P151112/02/2022/903889

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SHRIKRISHNA GULABRAO WALKE	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	RICHA WALKE	Spouse	36	100			

Sector Classification

Rural Urban Other

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception)

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Emitted by : SH46005

Place : PUNE - II

Approved by : SH46005

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



TAX Invoice



Invoice No. : 27K110Y22P002536	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003889
Supplier	
Recipient	GSTIN : 27AAJCS4517L1ZY
GSTIN : -	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Proposer Name : SHRIKRISHNA GULABRAO WALKE	Issuing Office Address : Vardhaman 321/A/3,M Fule Path, Shankar Seth Road, Pune 411042
Address : A/P- PERANE TAL- HAVELI DIST- PUNE	City : PUNE - II
State : Perane,Pune,Maharashtra	State : Maharashtra
Pincode : 412216	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	350	0	350	63	32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414

Total Invoice Value (in Words) : Rupees: Four hundred fourteen only

Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH48005

Place : PUNE - II

Approved by : SH46005

For Star Health and Allied Insurance Company Ltd.



समृद्धी इन्शुरन्स सर्विसेस

गहडू मैदान, राजगुरुनगर

श्री सुधीर येवले-9921 350 941 / 9226 785 899

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHAI/P-PV.III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003198, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003873	
Customer Code : CB0000056688	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10856268	Issuing Office Code : 151112
Proposer Name : MAHAVIR M SHETIYA	Issuing Office Name : Branch Office - Pune - II
Address : A/P- JAIDWADI, PUNE NASHIK HIGHWAY RAJGURUNAGAR, TAL- KHED DIST- PUNE Kurwad, Pune, Maharashtra	Issuing Office Address : Vardhaman 321/A/3, M Fule Peth, Shankar Seth Road, Pune 411042
Tel/Mobile : 09730472953/	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.399 / CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	Email id : sudhiryeole09@gmail.com
Stamp Duty : Rs. 25 /- Total Premium : Rs. 414 /-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs. 500000 /-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	MAHAVIR M SHETIYA	M	22/04/1986	35	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003873

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	MAHAVIR M SHETIYA	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
	GAYATRI SHETIYA	Spouse	34	100			

Sector Classification

Rural

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

I/We hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



2 of 3

TAX Invoice



Invoice No. : 27K110Y22P002516	Customer ID : CB0000056885
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003873
Recipient	
Supplier	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : MAHAVIR M SHETIYA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : A/P- JAIDWADI, PUNE NASHIK HIGHWAY RAJGURUNAGAR, TAL- KHED DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3, M Fule Peth, Shankar Seth Road, Pune 411042
City : Kunwandi, Pune, Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410512	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:

Invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH35280

Place : PUNE - II

Approved By : SH35280

For Star Health and Allied Insurance Company Ltd.

Audited Signatory



Star Health and Allied Insurance Company Limited

समृद्धी इन्शुरन्स सर्विसेस
गहट मैदान, राजगुरुनगर
श्री सुधीर येवले - 9921 350 941 / 9226 785 899

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/HP-PV.III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003199, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003876

Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10856730	Issuing Office Code : 151112
Proposer Name : SWAPNIL ANIL SHAH	Issuing Office Name : Branch Office - Pune - II
Address : SHAMLI BLDG., WADA ROAD, RAJGURUNAGAR, TAL -KHED DIST- PUNE Rajgurunagar, Pune, Maharashtra	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road, Pune 411042
Tel/Mobile : 09880301050/	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 414/-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SWAPNIL ANIL SHAH	M	24/04/1985	36	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in



1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003876

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SWAPNIL ANIL SHAH	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	NAMRATA SHAH	Spouse	36	100			

Sector Classification

Urban	
-------	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception)

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800-425-2255/1800-102-4477 Email: support@starhealth.in Fax No: 1800-425-5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH35280

Place : PUNE - II

Approved by : SH35280

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



TAX Invoice



Invoice No. : 27K110Y22P002519	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003876
Supplier	
Recipient	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SWAPNIL ANIL SHAH	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : SHAMLI BLDG., WADA ROAD, RAJGURUNAGAR, TAL -KHED DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3, M Fule Peth, Shankar Seth Road, Pune 411042
City : Rajgurunagar, Pune, Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410505	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST or SGST	CFRS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act
 In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required
 IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No:IRDAI/HLT/SHA/P-PV/III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003209, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003886	
Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10856569	Issuing Office Code : 151112
Proposer Name : PRAMOD TUKARAM KUMKAR	Issuing Office Name : Branch Office - Pune - II
Address : A/P MANCHAR, TAL- AMBEGAONDIST- PUNE, BEHIND MARKET YARD	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road, Pune 411042
Manchar,Pune,Maharashtra-410503	
Tel/Mobile : 09970629496/	Tel/Mobile : 020-67487401 / 020-67487444
Email id : pramodkumar@gmail.com	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000i45606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350 /-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs . 25 /- Total Premium : Rs . 414 /-	
Total Premium in Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs . 500000 /-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	PRAMOD TUKARAM KUMKAR	M	17/10/1988	33	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH61489

Approved by : SH61489

Place : PUNE II

For Star Health and Allied Insurance Company Ltd.

समृद्धी इन्शुरन्स सर्व्हिसेस
महई पैदान, राजगुरुनगर
श्री सुधीर येवले-9921 350 941 / 9226 785 899



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003886

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	PRAMOD TUKARAM KUMKAR	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	TUKARAM KUMKAR	Father	63	100			

Sector Classification

Urban	
-------	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, benefits, warranties, exclusions etc., as already included, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website www.starhealth.in

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH51489

Approved by : SH51489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K110Y22P002530	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003886
Recipient	
Supplier	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : PRAMOD TUKARAM KUMKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : A/P MANCHAR TAL- AMBEGAONDIST- PUNE, BEHIND MARKET YARD	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
City : Manchar,Pune,Maharashtra-410503	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410503	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (In Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory





Star Health and Allied Insurance Company Limited

Attachment to and forming part of Policy No. PI151112/02/2022/003879

Coverage Details :

Sl. No.	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SITARAM GAJANAN BHAGADE	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	GAJANAN BHAGADE	Father	67	100			

Seeker Classification

Rural

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

In case of discontinuance of premium payment, the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings.

The Company shall pay claims as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy."

and that

the insured shall report an event or occurrence that may give rise to a claim under this policy free of cost within 30 days of its happening. Toll Free No: 1800-425-2255/1800-102-4477. E-mail: support@starhealth.in. Fax No: 1800-425-6622

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Countering Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LQA/C/50/2011/2021/4898 DATED 20-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warrant on, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Medical related expenses, as detailed in our website "www.starhealth.in"

was/were, when of the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - 1 on 15th Day of February 2022.

Policy No. PI151112/02/2022/003879

Approved by: SH35280

Branch: PUNE - 1

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K110F22P010523	Customer ID : CB000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022-003879
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS451/L1ZY
Supplier Name : SITARAM GAJANAN BHAGADE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : AP- KALECHIVAD: RAJAGURUNAGAR TAL- KHED DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3,M Fats Path, Shankar Seth Road, Pune 411042
City : Kurwandi,Pune,Maharashtra	City : PUNE II
State : Maharashtra	State : Maharashtra
Pincode : 410512	Pincode : 411042
Client Category : CORP	Place of Supply : 27 Maharashtra

Invoice Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST@9% F = C * UT/IGST or SGST	CESS@1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
001102	Insurance Services	350	0	350	63	32	32	0	Rs 414

Total Invoice Value (in Figures) : Rs 414

Total Invoice Value (in Words) : Rupees. Four hundred fourteen only

Amount of Tax Subject to revised Charge : No

Important Note:

This invoice is issued as per Section 31 of the CGST Act

As no GSTIN is provided, GSTIN is provided by the Proposer at Proposal stage. Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and any subsequent revision of invoice will be undertaken.

T. & C.E

This is a digital signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66D10TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH45230

Approved by : SH35280

Printed by : PUNE II

For Star Health and Allied Insurance Company Ltd



Authorized Signatory

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No.:IRDAI/HLT/SHA/FP-P/V,III/134/2017-18
Schedule

In consideration of payment of Rs.826/- towards renewal premium of Policy number: P/151112/02/2021/003195, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003869	
Customer Code : CB0000056685	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10862680	Issuing Office Code : 151112
Proposer Name : SARIKA G GHUMATKAR	Issuing Office Name : Branch Office - Pune - II
Address : A/P SAUBHAGY AISHWARY NIWAS, WADA ROAD, RAJGURLNAGAR, PUNE, Rajgurunagar,Pune,Maharashtra-410505	Issuing Office Address : Vardhaman 321/A/3,M Fule Path, Shanker Seth Road, Pune 411042
Tel/Mobile : 0/9822675772/-	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28 FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collation Number : 1110060305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.700/-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.63/- SGST / UTGST @9% : Rs.63/-	
Stamp Duty : Rs. 50/- Total Premium : Rs. 826/-	
Total Premium In Words : Indian Rupees Eight Hundred Twenty Six Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Ut 27/02/2023	
Total Sum Insured : Rs. 1000000/-	
In words : Rupees Ten Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SARIKA G GHUMATKAR	F	28/07/1981	40	SELF	SERVICE	Risk Group I	NIL	125000	28-FEB-19

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

समृद्धी इन्शुरन्स सर्विसेस
गडई मैदान, राजगुरुनगर
श्री सुधीर चेवले-9921 350 941 / 9226 785 899



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

of 3

Attached to and forming part of Policy No: P/151112/02/2022/003669

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SARIKA G GHUMATKAR	0	1000000	0	1000000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	TEJAS G GHUMATKAR	Son	21	100			

Sector Classification

Urban		
-------	--	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1600 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LO/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K110Y22P002512	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003869
Recipient	
Supplier	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SARIKA G GHUMATKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : A/P SAUBHAGY AISHWARY NIWAS, WADA ROAD, RAJGURUNAGAR, PUNE,	Issuing Office Address : Vardhaman 321/A/3,M Fule Path, Shankar Seth Road, Pune 411042
City : Rajgurunagar,Pune,Maharashtra- 410505	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410505	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	700	0	700		63	63		Rs. 826

Total Invoice Value (in Figures) : Rs. 826

Total Invoice Value (in Words) : Rupees: Eight hundred twenty six only

Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



3 of 3

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/P-PV.III/134/2017-18
Schedule

In consideration of payment of Rs.826/- towards renewal premium of Policy number: P/151112/02/2021/003197, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003871

Customer Code : CB0000056886	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10862133	Issuing Office Code : 151112
Proposer Name : SEEMA VAIBHAV GHUMATKAR	Issuing Office Name : Branch Office - Pune - II
Address : A/P. SAIRBHAGY AISHWARY BUILDING, WADA ROAD RAJGURUNAGAR, DIST- PUNE, Rajgurunagar, Pune, Maharashtra- 4110505	Issuing Office Address : Vardhaman 32 I/A/3, M Fule Peli, Shankar Seth Road, Pune 411042
Tel/Mobile : 09763631936/-	Tel/Mobile : 020-67487401 / 020-67487444
Fax/id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 26-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145696
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.700/-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.63/- SGST / UTGST @9% : Rs.63/-	
Stamp Duty : Rs. 50/- Total Premium : Rs. 826/-	
Total Premium In Words : Indian Rupees Eight Hundred Twenty Six Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs. 1000000/-	
In words : Rupees Ten Lakhs - Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOD	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SEEMA VAIBHAV GHUMATKAR	F	06/01/1986	36	SELF	SERVICE	Risk Group I	NIL	125000	28-FEB-19

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

समृद्धी इन्शुरन्स सर्विसेस
महर्षि मैदान, राजगुरुनगर
श्री सुधीर येवले-9921 350 941 / 9226 785 899

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P151112/02/2022/003871

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SEEMA VAIBHAV GHUMATKAR	0	1000000	0	1000000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	VAIBHAV GHUMATKAR	Spouse	39	100			

Factor Classification

Urban

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH35280

Place : PUNE - II

Approved by : SH35280

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K110Y22P002514	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003871
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SEEMA VAIBHAV GHUMATKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : A/P - SAUBHAGY AISHWARY BUILDING, WADA ROAD RAJGURUNAGAR, DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road, Pune 411042
City : Rajgurunagar,Pune,Maharashtra-410505	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410505	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 15% D = C * IGST	CGST @9% E = C *CGST	UT/CGST@0% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	700	0	700		63	63		Rs. 826

Total Invoice Value (in Figures) : Rs. 826
 Total Invoice Value (in Words) : Rupees: Eight hundred twenty-six only
 Amount of Tax Subject to reverse Charge : No.

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH35280

Approved by : SH35280

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/PP-V, III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003203, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003880	
Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10856337	Issuing Office Code : 151112
Proposer Name : SUDAM B SHINDE	Issuing Office Name : Branch Office - Pune - II
Address : A/P- JAIDWADI, PUNE NASHIK HIGHWAY RAJGURUNAGAR, TAL- KHED DIST- PUNE Kurwadi, Pune, Maharashtra	Issuing Office Address : Vardhaman 321/A/3, M Fule Peth, Shankar Selth Road, Pune 411042
Tel/Mobile : 09970129319/-	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110060306	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Vacuum : Rs.360 /	Email id : sudhryeole09@gmail.com
CGST @0% : Rs.32 / SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25 /- Total Premium : Rs. 414 /-	
Total Premium in Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Sum Insured : Rs. 500000 /-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SUDAM B SHINDE	M	09/09/1989	32	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003880

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SUDAM B SHINDE	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	POOJA SHINDE	Spouse	30	100			

Sector Classification

Run/

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH61489

Place : PUNE - II

Approved by : SH61489

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K110Y22P002524	Customer ID : CB0000056886
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003880
Recipient	
Supplier	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SUDAM B SHINDE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : A/P- JAIDWADI, PUNE NASHIK HIGHWAY RAJGURUNAGAR, TAL- KHED DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3.M Fule Peth, Shankar Seth Road , Pune 411042
City : Kurwandi,Pune,Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410512	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414

Total Invoice Value (in Words) : Rupees. Four hundred fourteen only

Amount of Tax Subject to reverse Charge : No

Important Note:

This invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No:IRDAI/HLT/SHAI/P-P/V.III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003204, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003882	
Customer Code : CB0000058686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10858165	Issuing Office Code : 151112
Proposer Name : VINAYDEEP BRAR	Issuing Office Name : Branch Office - Pune - II
Yes : PLOT NO -01, RAJMATA COMPLEX NEAR SURYA RESTORANT, MANOHAR NAGAR, TALEGAON Kurwandi,Pune,Maharashtra	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
Tel/Mobile : 0/8975263136/	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fulfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.360 /	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs . 25 /- Total Premium : Rs . 414 /-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs . 500000 /-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	VINAYDEEP BRAR	F	02/10/1983	38	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003882

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	VINAYDEEP BRAR	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	ATULKUMAR YADAV	Spouse	35	100			

Sector Classification

--	--	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

I hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SHB1480

Approved by : SHB1489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



TAX Invoice



Invoice No. : 27K110Y22P002528	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003682
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : VINAYDEEP BRAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : PLOT NO -01, RAJMATA COMPLEX NEAR SURYA RESTORANT, MANOHAR NAGAR, TALEGAON	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
City : Kurwandi,Pune,Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410512	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350	63	32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414

Total Invoice Value (in Words) : Rupees: Four hundred fourteen only

Amount of Tax Subject to reverse Charge : No

Important Note:

This invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/FP-P/V.III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003205, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003877	
Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10856307	Issuing Office Code : 151112
Proposer Name : SUMIT SUBHASH BANKAR	Issuing Office Name : Branch Office - Pune - II
Address : NEAR PMT BUS STOP SATAV WADI HADAPSAR PUNE DIST- PUNE Pune,Pune,Maharashtra	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
Tel/Mobile : 09850658389/-	Tel/Mobile : 020-67487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 28-FEB-2019	Fullfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEGLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhiryegle09@gmail.com
CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 414/-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SUMIT SUBHASH BANKAR	M	27/11/1980	41	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Entered by : SH59003

Approved by : SH59003

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



Authorized Signatory

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003877

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SUMIT SUBHASH BANKAR	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	REKHA	Spouse	34	100			

Sector Classification

Urban	
-------	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Initialise about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free Nr: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH56003

Place : PUNE - II

Approved by : SH56003

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



TAX Invoice



Invoice No. : 27K110Y22P002520	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003877
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SUMIT SUBHASH BANKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : NEAR PMT BUS STOP SATAV WADI HADAPSAR PUNE DIST- PUNE	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road, Pune 411042
City : Pune,Pune,Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 411028	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350	63	32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414

Total Invoice Value (in Words) : Rupees: Four hundred fourteen only

Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH59003

Approved by : SH59003

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

BRANCH OFFICE II

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHAIP-P/V,III/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003187, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003872	
Customer Code : CB0000056686	GSTIN : 27AAJCS4517L1ZY
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 13917240	Issuing Office Code : 151112
Proposer Name : NILESH PRABHAKAR AWARI	Issuing Office Name : Branch Office - Pune - II
Address : Mahalaxmicolony ,A/P Akole TAL - Akole	Issuing Office Address : Vardhaman 321/A/3,M Fule Path, Shankar Seth Road , Pune 411042
Akole,Ahmadnagar,Maharashtra-422601	
Tel/Mobile : -/9511804513/-	Tel/Mobile : 020-67487401 / 020-67487444
Email id : awarinilesh50@yahoo.co.in	Email id : pune.bo2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 18-FEB-2020	Fulfiller Code : SH17101
Renewal Year : Second Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SHITAL YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 414/-	
Total Premium In Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 18/02/2022 00:00 To Midnight Of 17/02/2023	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only.	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	NILESH PRABHAKAR AWARI	M	18/05/1984	37	SELF	SERVICE	Risk Group I	NIL	50000	18-FEB-20

Entered by : SH59003

Place : PUNE - II

समृद्धी इन्शुरन्स सर्विसेस
महदु मेधांन, सनगुळनगर
श्री सुधीर येले-9921 350 941 / 9226 785 899

Approved by : SH59003

For Star Health and Allied Insurance Company Ltd.



Authorized Signatory

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: P/151112/02/2022/003872

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	NILESH PRABHAKAR AWARI	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SUPRIYA AWARI	Spouse	31	100			

Tector Classification

Rural		
-------	--	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not be stated in policy schedule:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Information about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No. 1800 425 5522

NOTE ; Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website "www.starhealth.in"

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH59003

Approved by : SH59003

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



[Signature]
Authorized Signatory

TAX Invoice



Invoice No. : 27K110Y22P002515	Customer ID : CB0000056686
Invoice Date : 15/02/22	Policy No : P/151112/02/2022/003872
Recipient	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : NILESH PRABHAKAR AWARI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : Mahalaxmicolony ,A/P Akole TAL - Akole	Issuing Office Address : Vardhaman 321/A/3,M Fule Peth, Shankar Seth Road , Pune 411042
City : Akola,Ahmadnagar,Maharashtra-422601	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 422601	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra
Supplier	

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH59003

Approved by : SH59003

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.





Star Health and Allied Insurance Company Limited

समृद्धी इन्शुरन्स सर्विसेस
 गडई मैदान, राजगुरुनगर
 श्री सुधीर येवले-9921 350 941 / 9226 785 899

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
 Unique Identification No. IRDAI/HLT/ISHA/MP-PV/110134/2017-18
 Schedule

Policy No. : P1151112102/2023/000007	Previous Policy No. :
Product Code : GD2000056625	GS1IN : 27AAJ094517L17Y
Subscriber Name : M/S S N G INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997153/Accident and Health Insurance Services
Proposer's Code : 2827297	Issuing Office Code : 151112
Proposer Name : NAMRATA SWAPNIL SHAIH	Issuing Office Name : Branch Office - Pune - I
Address : SHAMAL BUILDING, WADA ROAD, NEAR WATER TANK RAJGURUNAGAR, TAL - KHED, DIST - PUNE PUNE Rajgurunagar,Pune Maharashtra 410505	Issuing Office Address : Vardheman 321/A/3,M Fule Path, Shankar Path Road, Pune 411042
Mobile No : 9997553596	Tel/Mobile : 020 57467401 / 020-67467444
Email : shairnamr15@gmail.com	Email id : pune.bo2@starhealth.in
Network GS1IN : *	Place of Supply : Maharashtra : State Code : 27
Effective Date of first policy : 01-APR-2022	Supplier Code : SHI/101
Policy Status : NEW	Intermediary Code : BA0000145606
Policy Number : 111009485	Name : SHITAL YEOLE
Policy Start Date : 01/04/2022	Phone : 9921350941/9921350941
Sum Insured : Rs.200 L	Email id : sudhiryeole09@gmail.com
CGST @9% : Rs.32/- SGST /UTGST @9% : Rs.32/-	
Net Premium : Rs. 250/- Total Premium : Rs. 474/-	
Sum Insured in Rupees : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 01/04/2022 18:00 To Midnight Of 31/03/2023	
Net Sum Insured : Rs. 500000/-	
Sum Insured : Rupees Five Lakhs Only.	

Insured Details :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	NAMRATA SWAPNIL SHAIH	F	13/03/1985	37	SELF	SERVICE	Risk Group I	0	0	01 APR 2022

Approved by : SHU1299

For Star Health and Allied Insurance Company Ltd.

(Signature)
 Authorized Signatory

IRDAI Regn. No 129
 Corporate Identity Number U86010TN2005PLC056649
 Email ID : info@starhealth.in

Attached to and forming part of Policy No: PI151112/52/2022/000607

Coverage Details :

Sl No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	NAMRA. A SWAPNIL SHAH	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SWAPNIL ANIL SHAH	Spouse	36	100			

Sector Classification

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest on net insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES WARRANTIES, EXCLUSIONS ETC., ATTACHED.

Important

Original receipt of the original documents that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800-425-2255/1800-102-4477. Email: support@starhealth.in. Fax No: 1818-425-5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website: www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOAJCSD/278/2022/895/22 DATED 24-FEB-2022"

Business whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - 1, on 01st Day of April 2022

Signature: SHS1469

Post: PUNE - 4

Approved by : SHS1469

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27A11022P000039	Customer ID : CE000056685
Invoice Date : 11/04/22	Policy No : P151112022(03)00007
Recipient	
Supplier	
Proposer Name : NAVHATA SWAPNIL SHAI	GSTIN : 27AAJC34517L1ZY
Address : SHAMAL BUILDING, WADA ROAD, NEAR WATER TANK, RAJGURUNAGAR, TAL - KHED, DIST - PUNE, PUNE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
City : Rajgurunagar, Pune, Maharashtra - 410505	Issuing Office Address : Yashwantrao Chavan Marg, M Fule Path, Shankar Seth Road, Pune - 411042
State : Maharashtra	City : PUNE - II
Pincode : 410045	State : Maharashtra
Place of Supply : 27 - Maharashtra	Pincode : 411042
Client Category : CORP	

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	GST @ 18% D = C * 18%	CGET @ 9% E = C * 9%	UT/SGST @ 9% F = C * 9%	CESS @ 1% G = C * 1%	Total Invoice Value H = C + D + E + F + G
997102	Insurance Services	350	0	350	63	32	32		Rs. 414

Total Invoice Value (in Figure): : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : No

Important Note:
 This invoice is issued as per Section 31 of the CGST Act.
 In case the GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E & O F
 This is a digitally signed document and hence no physical signature is required
 IRDAI Regn. No 129 Corporate Identity Number UB6010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SHE1469
 Place : PUNE - II
 Approved by : SHE1469
 For Star Health and Allied Insurance Company Ltd.
 Authorized Signatory


ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No:IRDAI/HLT/SHA/1P-P/V/IN/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003207, the policy stands renewed for a further period of 1 year as per the details given below

Renewal Endorsement No : P/151112/02/2022/003884	
Customer Code : CE000205686	GSTIN : 27AAJC54517L1ZY
Customer Name : M/S.S.N G INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10858739	Issuing Office Code : 151112
Proposer Name : SANVI ANKUSH WADHVAL	Issuing Office Name : Branch Office - Pune - II
Address : S NO. 218/1, SANI LUKARAM NAGAR, ALANDI ROAD, BHOSARI DIST- PUNE, Pimpri Chinchwad, Pune, Maharashtra-411029	Issuing Office Address : Vardhaman 321/A/3 M Gale Path, Shankar Seth Road, Pune 411042
Tel/Mobile : 09607951122	Tel/Mobile : 020-07487401 / 020-67487444
Email id :	Email id : pune.bo2@starhealth.in
Proposer GSTIN : *	Place of Supply : Maharashtra / State Code : 27
Date of Inception of first policy : 26-FEB-2019	Filler Code : SH117101
Renewal Year : Third Year	Intermediary Code : BA0000145606
Collection Number : 1110050305	Name : SUDHAR YEOLE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhiryeole09@gmail.com
COST @9% : Rs.321. SGST / UTGST @9% : Rs.32/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 414/-	
Total Premium in Words : Indian Rupees Four hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lacks Only.	

समृद्धी इन्शुरन्स सर्व्हिसेस
सुधर्य येवले, रामगुलनगर
श्री सुधीर येवले-9921 350 941 / 9226 785 899

Entered by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



of 4

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC058648
Email ID : info@starhealth.in

Attached to and forming part of Policy No: PH1111202/2022/003884

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	SANVI ANKUSH WAVHAL	F	19/11/1989	32	SELF	SERVICE	Risk Group I	NIL	75000	28-FEB-19

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	SANVI ANKUSH WAVHAL	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	ANKUSH WAVHAL	Spouse	37	100			

Sector Classification

Urban

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheques(s), the Company shall not be liable under the policy and the policy shall be void ab initio from inception.

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy writings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No. 1800 425 0622

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering (Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 28-NOV-2021"

Entered by: SHE1489

Approved by: SH61489

Place: PUNE - II

For Star Health and Allied Insurance Company Ltd.



Attached to and forming part of Policy No: P/154112/02/2022/000884

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website 'www.starhealth.in'

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 16th Day of February 2022.

Prepared by : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.


Authorized Signatory



3 of 4

TAX Invoice

Invoice No : 27K110Y22P002528	Customer ID : CB0300050688
Invoice Date : 15/02/22	Policy No : P/151*12/02/2022/003884
Recipient	
Supplier	
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : SANVI ANKUSH WAJHALE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : S NO. 2187, SANT TUKARAM NAGAR ALANDI ROAD, BHOSARI DIST- PUNE	Issuing Office Address : Varthanan 321/A/3, M Fule Petri Sankar Seth Road Pune 411042
City : Pune Chinchwad, Pune, Maharashtra-411039	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 411039	Pincode : 411042
Client Category : CORP	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST or SGST	CES@1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	350	0	350	63	32	32	3	Rs 414

Total Invoice Value (in Figure) : Rs 414
 Total Invoice Value (in Words) : Rupees Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : Nil

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U65010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : GI-61489

Approved by : 8761489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



Attached to and forming part of Policy No: P/151112/02/2022/003870

Coverage Details :

Sl. No.	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	REKHA SUMIT BANKAR	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SUMIT BANKAR	Spouse	41	100			

Rector Classification

Urban

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interest) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Information about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1900 425 5522

NOTE Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOAI/CSO/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already stated, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage

Other excluded expenses as detailed in our website 'www.starhealth.in'

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Printed by : SHG9103

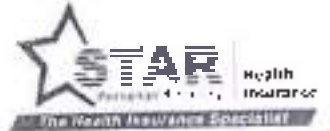
Place : PUNE - II

Approved by : SH59003

For Star Health and Allied Insurance Company Ltd

Authorized Signatory

TAX Invoice



Invoice No. : 27K110Y22P002613	Customer ID : CBDC0035666E
Invoice Date : 15/02/22	Policy No : P/131112/02/2022/003870
Recipient	
GSTIN : *	Supplier
Proposer Name : REKHA SUMIT BANSAL	GSTIN : 27AAJCS4517L1ZY
Address : S. NO- 13 ANURAM SVRUTI SATAVWADI, HADAPSAR, DIST- PUNE	NAME : Star Health and Allied Insurance Co Ltd Branch Office - Pune - II
City : Pune (M Corp.) Pune, Maharashtra - 411028	Issuing Office Address : Vardhaman 321-A/3, M Fule Patn. Shankar Setti Road, Pune 411042
State : Maharashtra	City : PUNE - II
Pincode : 411028	State : Maharashtra
Client Category : CORP	Pincode : 411042
	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 10% D = C * IGST	CGST @ 6% E = C * CGST	UT/SGST @ 9% F = C * LTGS/SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
967133	Insurance Services	350	0	350		32	32		Rs 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees. Four hundred fourteen only
 Amount of Tax Subject in reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH59033

Approved by : BH59003

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd

Authorised Signatory



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDAI/HLT/SHA/FP-P/V.II/134/2017-18
Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003206, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2021/003206			
Customer Code	: CR0002056686	GSTIN	: 27AAJCS4517L12Y
Customer Name	: M/S. S. N. G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE	: 987123/Accident and Health Insurance Services
Proposer's Code	: 10858258	Issuing Office Code	: 151112
Proposer Name	: VISHAL BHAGWANT THORAT	Issuing Office Name	: Branch Office - Pune - II
Address	: AT LANKI, POST- KALAMB TAL- AMBEGAON, DIST- PUNE Kalamb, Pune, Maharashtra-410515	Issuing Office Address	: Varthaman 321/A/3, M Fule Path, Shankar Seth Road, Pune-411042
Tel/Mobile	: 09766769000	Tel/Mobile	: 020-67487421 / 020-67487444
Email id	: vishalthorat333@gmail.com	Email id	: pune.b2@starhealth.in
Proposer GSTIN	: -	Place of Supply	: Maharashtra / State Code : 27
Date of Inception of first policy	: 28-FEB-2019	Fulfiller Code	: SH11710*
Renewal Year	: Third Year	Intermediary Code	: BA0000145606
Collection Number	: 1110030000	Name	: SHITAL YEOLE
Collection Date	: 15/02/2022	Phone	: 9921350941/9921350941
Premium : Rs 350/- CGST @9% : Rs 32/- GST @24% : Rs 32/-		Email id	: sudhiryeole09@gmail.com
Stamp Duty : Rs 25/-	Total Premium : Rs. 414/-		
Total Premium in Words : Indian Rupees Four Hundred Fourteen Only			
Period of Insurance	: From 28/02/2022 00:00	To	Midnight 27/02/2023
Total Sum Insured	: Rs. 1000000/-		
In words	: Rupees Five Lakhs Only.		

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	VISHAL BHAGWANT THORAT	M	15/05/1969	32	SELF	SERVICE	Risk Group I	NIL	75000	28 FEB-19

Entered by : SH61489

समुद्धी इन्शुरन्स सर्विसेस

Approved by : SH61489

Place : PUNE - II

पॉस्ट बेंकॉ, राजगुरुनगर
ऑफिस फोन- 9921 350 941 / 9226 795 599

For Star Health and Allied Insurance Company Ltd



IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

Attached to and forming part of Policy No: P/151112/02/2022/003885

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	V SHAI BHAGWANT THORAT	500000	0	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	YOGITA VISHAL THORAT	Spouse	25	100			

Factor Classification

Rural		
-------	--	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings
 "The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477. Email: support@starhealth.in Fax No: 1800 425 3622

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website www.starhealth.in

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.

Entered by : SH61485

Approved by : SH61485

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No	: 27K112Y22P002529	Customer ID	: CBG000050688
Invoice Date	: 15/02/22	Policy No	: P/151112/02/2022/003885
Recipient		Supplier	
GSTIN	: *	GSTIN	: 27AA1CS4617L1ZY
Proposer Name	: VISHAL BHAGWANT THORAT	NAME	: Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address	: AT LANKI, POST - KALAMB TAL - AMBEGAON, DIST - PUNE	Issuing Office Address	: Vardhanan 321/A/3 M Fule Fatti Shankar Selti Road, Pune 411042
City	: Kalyamb, Pune, Maharashtra-410515	City	: PUNE - II
State	: Maharashtra	State	: Maharashtra
Pincode	: 410515	Pincode	: 411042
Client Category	: CORP	Place of Supply	: 27 - Maharashtra

ISN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UT/SGST	CES @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
947103	Insurance Services	350	0	350		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees Four hundred fourteen only
 Amount of Tax Subject to reverse Charge : Nil

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no. GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any input Tax Credit losses and no subsequent reversal of credits will be undertaken.

E. & O E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SHR1489

Place : PUNE - II

Approved by : SHR1489

For Star Health and Allied Insurance Company Ltd

Authorized Signatory





Star Health and Allied Insurance Company Limited

समृद्धी इन्शुरन्स सर्विसेस

महडें मैदान, राजगुरुनगर

श्री सुधीर येवले-9921 350 941 / 9226 785 899

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
 Unique Identification No. IRDAI/HLT/SHAMP-PV.III/134/2017-18
 Schedule

In consideration of payment of Rs.414/- towards renewal premium of Policy number: P/151112/02/2021/003211, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2021/003211

Customer Code : CG000056886	GSTIN : 27AAJCS451/L1ZY
Customer Name : VAS S.N.S. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 987133/Accident and Health Insurance Services
Proposer's Code : 10856174	Issuing Office Code : in1112
Proposer Name : RAJENDRA MOHAN DARAWADE	Issuing Office Name : Branch Office - Pune - II
Address : AP UDANE WASTI PO DONDE TAL-KHEDDISI - PUNE SI Wamanager Pune Maharashtra	Issuing Office Address : Vardhaman 327/A/3,M Fule Path, Shankar Suth Road, Pune 411042
Telephone : 638743453/7	Tel/Mobile : 020-67487401 / 020-67487444
E-mail : mrdarwad12@gmail.com	Email id : pune.co2@starhealth.in
Proposer's GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of Inception of Ins. policy : 26-FEB-2013	Fulfiler Code : SH17101
Policy Term : Third Year	Intermediary Code : BA0000145606
Collection Number : 110050003	Name : SHITAL YEOULE
Collection Date : 15/02/2022	Phone : 9921350941/9921350941
Premium : Rs.350/-	Email id : sudhirycule09@gmail.com
Outgo : Rs.327.565 (including GST @ 6%) : Rs.327	
Stamp Duty : Rs. 25/- Total Premium : Rs. 414/-	
Total Premium in Words : Indian Rupees Four Hundred Fourteen Only	
Period of Insurance : From 28/02/2022 00:00 To Minirat (31/02/2023)	
Sum Insured : Rs. 500000/-	
Currency : Rupees Five Lakhs Only.	

Insured Details :

Sl No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	RAJENDRA MOHAN DARAWADE	M	28/03/1988	33	SELF	SERVICE	Risk Group	NIL	75000	28-FEB-13

Entered by : SH46005

Approved by : SH46005

Printed by : PUNE - I

For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129
 Corporate Identity Number U66010TN2005PLC056649
 Email ID : info@starhealth.in

Attached to and forming part of Policy No: PH15112/02/2022/003601

Coverage Details

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	RAJENDRA KISHAN DARAWADE	0	500000	0	500000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	TRUPTI RAJENDRA DARAWADE	Spouse	29	100			

Sector Classification

Sect	
------	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio from inception.

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

and that

any claim about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 5522 / 1800 102 4477. Email: support@starhealth.in Fax No. 1800 425 5522

NOTE Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering & Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No. LOA/CSP/201/2021/4896 DATED 29-NOV-2021"

It is hereby notified that all terms, conditions, clauses, warranties, exclusions etc., as already located, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance contract.

Reference may be made to these terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as defined in our website: www.starhealth.in

Policy No: PH15112

Approved

Plan: PHNE - II

For Star Health and Allied Insurance Company Ltd

Authorized Signatory





Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: P/151112/02/2022/003891

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.



Entered by SH48005

Approved by SH48005

From PUNE - II

For Star Health and Allied Insurance Company Ltd.



3 of 4

TAX Invoice



Invoice No. : 275110722P002538	Customer ID : CB0050056686
Invoice Date : 15/02/22	Policy No : P/151112K2/2022/203891
Recipient	Supplier
GSTIN : - Proposer Name : RAJENDRA MOHAN DARWADE Address : APJ UDANE WASHI PO-DONDE TAL-KHEDIST-PUNE City : Sahaynagar,Pune Maharashtra State : Maharashtra Pincode : 410512 City Category : CORP	GSTIN : 27AAJCS451/LIZY NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II Issuing Office Address : Vardhaman 321/A/3 M Fule Path, Shankar Seth Road, Pune 411042 City : PUNE - II State : Maharashtra Pincode : 411042 Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @9%	UT/SGST@9%	CCESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UT/SGST or SGST	G = C * Cess	H = C + D + E + F + G
99913	Insurance Services	320	0	320		32	32		Rs. 414

Total Invoice Value (in Figures) : Rs. 414
 Total Invoice Value (in Words) : Rupees: Four hundred fourteen only
 Amount of tax subject to reverse charge : No

Important Note.

This invoice is issued as per Section 31 of the CGST Act

If the recipient's GSTIN or required GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and on subsequent revision of invoice will be undertaken.

C. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Phone No : 2-466005

Star Health and Allied Insurance Company Limited

Approved
 For Star Health and Allied Insurance Company Limited.
 Authorized Signatory



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRD/AMH/T/SHAMP-P/V.III/134/2017-18
Schedule

Policy No.	P151112/02/2023/000006	Previous Policy No	
Customer Code	CB000009000C	GSTIN	27AAJCS4517L1ZY
Customer Name	M/S S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE	997133/Accident and Health Insurance Services
Policy Code	20272036	Issuing Office Code	151112
Proposer Name	ABHISHEK BHARAT BHASKAR	Issuing Office Name	Branch Office - Pune - II
Address	SAINVAS, WADA ROAD, BEHIND GANESH VAIBHAV, RAJGURUNAGAR, TAL - KHED, DIST - PUNE PUNE Rajgurunagar,Pune,Maharashtra 411005	Issuing Office Address	Vaichaman 321/A3,M Fule Petn, Shankar Sain Road Pune 411042
Mobile No	981828236357	Tel/Mobile	020-67497401 / 020-67487444
E-mail	abhishekbhaska23232@gmail.com	Email Id	pune.022@starhealth.in
Proposer GSTIN	-	Place of Supply	Maharashtra / State Code 27
Date of Inception of first policy	01-APR-2022	Filter Code	3017101
Renewal Year	NEW	Intermediary Code	BA0000145606
Policy Number	1110000055.1110000001	Name	SIITAL YEOLE
Effective Date	01/04/2022,15/02/2022	Phone	9921350941/9921350941
Premium	Rs 700/-	Email Id	sudhiryeole09@gmail.com
Stamp Duty	Rs 50/-		
Total Premium	Rs 626/-		
Total Premium in Words	Indian Rupees Eight Hundred Twenty Six Only		
Period of Insurance	From 01/04/2022 18:00	To	Midnight Of 31/03/2023
Total Sum Insured	Rs 1000000/-		
	Rupees Ten Lakhs Only.		

Details of Insured :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	ABHISHEK BHARAT BHASKAR	M	29/05/1998	23	SELF	SERVICE	Risk Group I	0	0	01-APR-22

Entered by : SHR1429

Approved By : SHR1489

Office : PUNE - II

F.O. Star Health and Allied Insurance Company Ltd.

Authorized Signatory

IRD/AT Regn No 129
Corporate Identity Number U66010TN2005PLC056649
E-mail ID : info@starhealth.in



Attached to and forming part of Policy No: P/151112/02/2023/000006

Coverage Details :

Sl No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	ABHISHEK BHARAT BHASKAR	0	1000000	0	1000000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SUNITA BHARAT BHASKAR	Mother	50	100			

Sector Classification

Job	
-----	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. In the event of any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

It is intimated that in case of dishonor of premium cheques, the Company shall not be liable under the policy and the policy shall be void ab initio (from the beginning).

Section 10(2) of the Insurance Act, 1938 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 in case of delay in payment of an admitted claim under the Policy"

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

Important

Information about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800-425-2255/1600-102-4477. Email: support@starhealth.in Fax No: 1800-425-5522

NOTE: Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSO/279/2022/895/22 DATED 24-FEB-2022

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - 1 on 01st Day of Feb 2023.

Policy No: SH51489

Approval By: SH51489

Place: PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory



TAX Invoice



Invoice No. : 27A11HY20P002035	Customer ID : CB0000U6000
Invoice Date : 01/04/22	Policy No : P/1511-202/2023/00005
Recipient	
Supplier	
Proposer Name : ABHISHEK BHARAT BHASKAR	GSTIN : 27AAJCS431R1ZY
Address : SAI NIVAS, WADIA ROAD, BEHIND GANESH VAIBHAV, RAJGURUNAGAR, TAL - KHED, DIST - PUNE PUNE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
City : Rajgurunagar Pune, Maharashtra-411005	Issuing Office Address : Vardhaman 321/A/3, M Fule Fern Shankar Selsi Road, Pune 411042
State : Maharashtra	City : PUNE - II
Pincode : 411005	State : Maharashtra
Client Category : CORP	Pincode : 411042
	Place of Supply : 27 - Maharashtra

S.No. / ITC Code	Description of Services	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	JT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	U = U * IGST	E = C * CGST	F = C * JT/SGST or SGST	G = C * Cess	H = C + D + E + F + G
999133	Insurance Services	700	0	700		63	63		Rs. 826

Total Invoice Value (in Figures) : Rs. 826
 Total Invoice Value (in Words) : Rupees: Eight Hundred twenty-six only
 Amount of Tax Subject to reverse Charge : No

Important Note:

This invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co. Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

L & O.E

This is a digitally signed document and hence no physical signature is required.

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Client No : SH61489

Approved by : SH61489

Place : PUNE - II

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No: IRDA/HLT/SHA/P-P/V.II/134/2017-18
Schedule

In consideration of payment of Rs.460/- towards renewal premium of Policy number: P/151112/02/2021/003206, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151112/02/2022/003883

Customer Code : CE0000056688	GSTIN : 27AAJCS4517L12Y
Customer Name : M/S.S.N.G. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accidental and Health Insurance Services
Proposer's Code : IC886438	Issuing Office Code : 151112
Proposer Name : PANDURANG V PAWALE	Issuing Office Name : Branch Office - Pune II
Address : 4TH WAKALWADI, VARDHAMAN, TAL KHED, DIST. PUNE, Rajgurunagar Pune Maharashtra	Issuing Office Address : Vardhaman 321/A/3, M Gule Path, Shankar Seth Road, Pune 411042
Proposer's Email ID : UPUR2247326@	Tel/mobile : 020-87487401 / 020-87467414
Proposer's GSTIN :	Email id : pune.hn7@starhealth.in
Date of inception of first policy : 28-FEB-2019	Place of Supply : Maharashtra / Circle Code : 27
Policy Term : 1st Year	Fulfiller Code : 3117101
Policy Start Date : 15/02/2022	Intermediary Code : BA0000145606
Sum Insured : Rs.390/-	Name : SHITAL YEOLE
Stamp Duty : Rs.35/-; SGST / UTGST @9% : Rs.35/-	Phone : 9921350941/9921350941
Stamp Duty : Rs. 15/- Total Premium : Rs. 460/-	Email id : sudhiryeole09@gmail.com
Total Premium In Words : Indian Rupees Four Hundred Sixty Only	
Period of Insurance : From 28/02/2022 00:00 To Midnight Of 27/02/2023	
Sum Insured : Rs. 390000/-	
In Words : Rupees Three Lakh Only	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	PANDURANG V PAWALE	M	31/05/1980	41	SELF	SERVICE	Risk Group I	NIL	45000	28-FEB-19

Prepared by : SJ 61487

Approved by

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



IRDA Regn. No 129
Corporate Identity Number U66010TN2006PLG056640
Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: PHS11/2/02/2022/003883

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	PANDURANG V PAWALE	0	300000	0	300000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SHRUTI V PAWALE	Sister	25	100			

Sector Classification

--	--	--

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

We warrant that in case of dishonor of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Clause No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:

"The Company shall be liable as per Insurance Regulatory and Development Authority of India (Protection of Policyholders Interests) Regulations, 2017 in case of delay in payment of an admitted claim under the Policy"

Important

Information about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800-425-2255/1800-102-4477. Email: support@starhealth.in Fax No: 18(1) 425-5532

NOTE: Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LUAGSU/2012/21/4896 DATED 29-NOV-2021

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance and policy issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for defining the scope/extent of coverage.

Other excluded expenses as detailed in our website www.starhealth.in

I, **Shri. S. S. S. S.** who is the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February, 2022.

Authorized by: SSS1489

Approved by: SSS1489

Place: PUNE - II

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 27K11CY22PC02527	Customer ID : CB000058696
Invoice Date : 15/03/22	Policy No : P/151112/02/2022/003863
Recipient	Supplier
GSTIN : - Recipient Name : PANDURANG V PAWALE Address : A/P - WAKALWADI, VAPHSADA, TAL-KHEDI, DIST- PUNE Raigadhapur, Pune, Maharashtra State : Maharashtra Pincode : 410500 Client Category : CGRP	GSTIN : 27AAJCS4517LIZY NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II Issuing Office Address : wardhaman 321/A/G/M Fule Peeth, Shankar Seth Road, Pune 411042 City : PUNE - II State : Maharashtra Pincode : 411042 Place of Supply : 27 - Maharashtra

ITEM No. / Code	Description of commodity	Total A	Discount B	Taxable value C = A - B	IGST @ 18% D = C * 18%	CGST @ 9% E = C * 9%	IT/SGST@9% F = C * 9% or SGST	CES@1% G = C * 1%	Total Invoice value H = D + E + F + G
187133	Insurance Services	350	0	350	63	35	35	3.5	Rs. 460

Total Invoice Value (in Figures) : Rs. 460
 Total Invoice Value (in Words) : Rupees: Four hundred sixty only
 Amount of Tax Subject to Reverse Charge : No.

Important Note:

The invoice is issued as per Section 31 of the CGST Act
 As the GSTIN or correct GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O E

This is a digitally signed document and hence no physical signature is required.
 IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Invoice No : 27K11CY22

Approved by : [Signature]

City : PUNE - II

For Star Health and Allied Insurance Company Ltd.



Authorized Signatory

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No. IRDAI/HL/ISHA/PP-V/III/134/2017-18
Schedule

In consideration of payment of Rs.460/- towards renewal premium of Policy number: P151112/02/2021/003202, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P151112/02/2022/003881

Customer Code : CB0000050666	GSTIN : 27AAJCS4517L12Y
Customer Name : M.S.SINGH INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer Code : 10896140	Issuing Office Code : 151112
Proposer Name : SAMPAT KAILAS SHINDE	Issuing Office Name : Branch Office - Pune - I
Address : A/P- TAKARWADI PETH PUNE PUNE Kunwadi Pune, Maharashtra	Issuing Office Address : Varchaman 321/A/3, M Fule Path, Shankar Suth Road Pune 411042
Proposer Phone : 9921350941	1st Mobile : 020-67467401 / 020-67467444 Email : pune.hs2@starhealth.in
Proposer GSTIN : -	Place of Supply : Maharashtra / State Code : 27
Date of inception of first policy : 29-FEB-2019	Fullfiller Code : SH17101
Renewal Year : Third Year	Intermediary Code : RA0000145606
Policy Number : 1110050304	Name : SHITAL YEOLE
Policy Inception Date : 15/02/2022	Phone : 9921350941/9921350941
Sum Insured : Rs.3000000	Email id : sudhiryeole09@gmail.com
First Premium : Rs.350,513.50 (TGST @9% : Rs.35k)	
Stamp Duty : Rs.15/- Total Premium : Rs.460/-	
Total Premium in words : Indian Rupees Four Hundred Sixty Only	
Period of Insurance : From 28/02/2022 00.00 To Midnight Of 27/02/2023	
Sum Insured : Rs.3000000	
Words : Rupees Three Lakhs Only	

Insured Details :

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs	Inception Date
1	SAMPAT KAILAS SHINDE	M	12/11/1989	33	SELF	SERVICE	Risk Group II	NIL	45000	29-FEB-19

Printed By : SHS23F

Approved By : SHS23F

Place : PUNE - I

For Star Health and Allied Insurance Company Ltd

Authorized Signatory

IRDAI Regn. No 128
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 4

Attached to and forming part of Policy No. **PI151112/02,2022/003881**

Coverage Details :

Sl No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
-	SAMPAT KAILAS SH INDE	0	300000	0	300000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
01	POONAM SAMPAT SH INDE	Spouse	29	100			

Sector Classification

Code: _____

Please check whether the data given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

We warrant that in case of dishonor of premium cheques, the Company shall not be liable under the policy and the policy shall be void ab-initio from inception.

Our right of action for recovery of Claims Settlement shall read as follows and not as stated in policy wordings: "The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 in case of delay in payment of an admitted claim under the Policy".

Important

Notification about an event or occurrence that may give rise to a claim under the policy must be given within 30 days of its happening. Toll Free No: 1800 426 226/01060 102 4477. Email: support@star-health. In Fax No: 1800 426 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LOA/CSD/201/2021/4386 DATED: 29-NOV-2021*

This hereby certifies that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance and hereby issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to these terms, conditions etc., for identifying the scope/extent of coverage.

For included expenses as detailed in our website www.starhealth.in*

Contract No. **SH11340**

Policy No. **PI151112/02**

For Star Health and Allied Insurance Company Ltd.





Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: PH151412/02/2022/003651

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of February 2022.



Entered by: SH35290

Approved by: SH35280

Date: PUNE - II

For Star Health and Allied Insurance Company Ltd.



3 of 4

TAX Invoice



Invoice No. : 27K11GY22PE02525	Customer ID : CB000005686
Invoice Date : 15/12/22	Policy No : P/151112/02/2022/003531
Recipient	
Supplier	
GSTIN : *	GSTIN : 27AAJCS4517L1Z
Proposer Name : SANPAT KAILAS SHINDE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Pune - II
Address : AP- TAKARWADI PETH PUNE PUNE	Issuing Office Address : Yashwantrao Chavan Marg, M Fule Path, Shankar Seth Road, Pune 411042
City : Kharwarai Pune Maharashtra	City : PUNE - II
State : Maharashtra	State : Maharashtra
Pincode : 410512	Pincode : 411042
Client Category : CORP	Place of Supply : 27 Maharashtra

Item Code	Description of Services	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * 18%	E = C * 9%	F = C * 9%	G = C * 1%	H = C + D + E + F + G
999999	Insurance Services	350	0	350	63	31.5	31.5	3.5	Rs. 480

Net Invoice Value (in Figures) : Rs. 480
 Total Invoice Value (in Words) : Rupees: Four hundred sixty only
 Amount to be deposited in reverse charge : Nil

Important Note:

The invoice is issued as per Section 31 of the CGST Act.

If no GSTIN or incorrect GSTIN is provided by the Proposer of Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any input Tax Credit losses and no subsequent revision of invoice will be undertaken.

P & Q C

This is a digitally signed document and hence no physical signature is required.

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Generated by : SH05290

Approved by

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory





Star Health and Allied Insurance Company Limited

समृद्धी इन्शुरन्स सर्विसेस
 गवई मैदान, राजगुरुनगर
 श्री सुधीर सेवले-9921350941 / 9226 785 899

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY Unique Identification No. IROAI/MLT/SHAIP-PIV.M/134/2017-1B Schedule

In consideration of payment of Rs. 306/- towards renewal premium of Policy number: Pr15111202/2021/003193, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/15111202/2022/003990

Customer Code : CB0000053686	GSIN : 27AAJ054517L12Y
Customer Name : M/S S.N.R. INSTITUTE OF MANAGEMENT AND RESEARCH	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 10803989	Issuing Office Code : 051112
Proposer Name : LALITA BALSHIRAM JADHAV	Issuing Office Name : Branch Office - Pune - II
Address : 4/F PUNE NASHIK HIGHWAY TAKARWADI TAL. ANBEGACN DIST- PUNE Kerwadi, Pune, Maharashtra	Issuing Office Address : Vardhaman 32 nd /A/3 M Fule Park, Shankar Sath Road, Pune 411042
Tel/Mobile : 02052093073-	Tel/Mobile : 020-67497401 / 020-67487444
Proposer GSTIN : *	Email id : pune.bo2@starhealth.in
Date of Inception of 1 st policy : 28-FEB-2019	Place of Supply : Maharashtra / State Code : 27
Renewal Year : Third Year	Fulfiller Code : B-117101
Policy Number : 15111202/2021/003193	Intermediary Code : BA0000145606
Renewal Date : 15/02/2022	Name : SHITAL YEOLE
Premium : Rs. 290/-	Phone : 9921350941/9921350941
Sum Insured : Rs. 20,00,000/-	Email id : sudhiryeole09@gmail.com
Sum Insured : Rs. 20,00,000/-	
Total Premium : Rs. 306/-	
Total Premium in Words : Indian Rupees Three Hundred Six Only	
From : 28/02/2022 00:00	To : Midnight Of 27/02/2023
Sum Insured : Rs. 20,00,000/-	
Sum Insured : Rupees Two Lakhs Only	

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	LALITA BALSHIRAM JADHAV	F	02/03/1980	41	SELF	SERVICE	Risk Group II	Nil.	30000	28-FEB-19

Signature : E-489005

Signature : RUPA

For Star Health and Allied Insurance Company Ltd



SH48006

IRDAI Regn. No 129
 Corporate Identity Number U66010TN2005PLC056649
 Email ID : info@starhealth.in

1 of 3

Attached to and forming part of Policy No: PH51112020027003890

Coverage Details

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	LALITA BALSHIRAM JADHAV	0	200000	0	200000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	ANKUSH JADHAV	Son	26	100			

Sector Classification

You must check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured persons given in the policy schedule are deemed to have been accepted by you.

Warranted that, in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from the beginning).

Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings:
 "The Company shall not be subject to the Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 in case of delay in payment of an admitted claim under the Policy"

Important

Notification about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800-425-1800/1800-182-4477. Email: support@starhealth.in. Fax No: 1800-425-5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.LQA/CSD/201/2021/4896 DATED 29-NOV-2021"

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc. as hereby issued, forming part of the policy of insurance are fully revised at the time of inception of this relationship shall continue to be operative and unaltered, forming part of this renewal insurance policy.

Reference may be made to these terms, conditions etc., for identifying the scope/extent of coverage.

Other Excluded expenses as detailed on our website www.starhealth.in

It is hereby stated that the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Pune - II on 15th Day of 11/2021.

Date: 15/11/2021

Place: PUNE - II

Approved by: SH46005

For Star Health and Allied Insurance Company Ltd.

Authorized Signatory

TAX Invoice



Invoice No. : 27K10Y22P032537	Customer ID : CBCN00056696
Invoice Date : 15-02-22	Policy No : P151112/02/2022/003890
Recipient	
Supplier	
Proposer Name : LALITA BAL SHIRAW IADHAY	GSTIN : 27AAJC54517L1ZY
Address : A/1 PUNE NASHIK HIGHWAY THAKARWALI TAL : ANBE/SACN DIST. PUNE	NAME : Star Health and Allied Insurance Co Ltd Branch Office - Pune - II
City : Kewand, Pune, Maharashtra	Issuing Office Address : Vardhaman 321/A/S.M Fule Path, Shankar Seth Road, Pune 411042
State : Maharashtra	City : PUNE - II
Pincode : 410517	State : Maharashtra
Client Category : CORP	Pincode : 411042
	Place of Supply : 27 - Maharashtra

Sl. No.	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UT/IGST or SGST	G = C * Cess	H = C + D + E + F + G
1	Insurance Premium	266	0	266	48	24	24		Rs. 326

Total Invoice Value in Figures : Rs. 326
 Total Invoice Value in Words : Rupees Three hundred six only
 Amount of tax subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

If an incorrect GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any input tax credit issues and no subsequent revision of invoice will be undertaken

E & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Issued by : STAR005

Date : 15-JUNE-22

Approved by : STAR005

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

