

RENEWAL NOTICE
Policy No.P/161113/01/2014/000582

15/06/2014

HARDEEP SINGH RAI
HNo-21, Guru Nanak Engineering College
Gill Road
MOB :./9855225007 / /.

Branch Office - Chandigarh-161113
SCO No- 257, 2nd Floor
Sector 44 C, Chandigarh
Ph : 0172 4011030-37
Email id : chandigarh.ao@starhealth.in

Dear Customer,

We thank you for being with us. We wish to bring to your kind attention that your **Family Health Optima Insurance Policy** is due for renewal on **05/07/2014**. The renewal premium, including service tax, works out to Rs.11871/- as per details given below.

S. No	Name of the Insured	DOB	Age	Sum Insured (Rs.)	Premium (Rs.)
1	ARHANT RAI	30/08/1992	21	300000	10565
2	HARDEEP SINGH RAI	10/11/1965	48		
3	NARMEET RAI	23/09/1968	45		
Sub Total					10565
"Service Tax payable is subject to revision as per Govt. notification."				Service tax @ 12.36%	1306
Total Renewal Premium					11871

If there is any change in the list of insured persons, sum insured etc., please inform us immediately so that we can work out the revised renewal premium and advise you. Otherwise, please arrange to remit the renewal premium of Rs.11871/- on or before **04/07/2014**. Please note that the payment of premium by any mode other than by cash will be eligible for benefit under Income tax under sec. 80 D of the Income Tax Act. If you pay by Cheque or DD, please make payment in favour of **Star Health and Allied Insurance Co.Ltd.**,

In this connection we wish to inform you that the above premium has been calculated as per the revised Family Health Optima Insurance Plan, the details of which have been communicated to you vide our letter in February 2012. As you are aware, the revised Family Health Optima Insurance Plan provides for Enhanced Room Rent, Withdrawal of Claims Loading, Bonus in lieu of No Claim Discount, automatic restoration of sum insured under the policy, 101 day care procedures etc., Please note that if there is no claim during the expiring policy period, you will be eligible for No Claim Bonus @ 10% or 25% of the expiring sum insured. Further in case of family sizes of 1A + 3C, 2A +1C, 2A + 2C and 2A + 3C ,if you had the sum insured of Rs.100,000/- under the expiring policy, you will have to choose a minimum of Rs.200,000/- as the sum insured for renewal.

The renewal premium may change, if any claim is intimated or withdrawn by you under the above policy before the renewal date mentioned in this notice.

We request you to renew the policy before the renewal date to ensure continuity of cover and benefits. If you wish to incorporate any change in the renewal policy relating to your address, mobile no., email id etc., please furnish us the same at the time of payment.

"WE HAVE INTRODUCED FOR THE 1ST TIME IN INDIA, FREE OF COST, A FACILITY TO MAINTAIN THE PERSONAL HEALTH RECORDS ONLINE FOR OUR CUSTOMERS. PLEASE VISIT OUR WEBSITE WWW.STARHEALTH.IN FOR FURTHER DETAILS".

Please note that this policy can be renewed online or using your mobile. Kindly log on to our website www.starhealth.in to know the details.

You can avail coverage under our Personal Accident (Accident Care) policy also. For details, please contact our Office.

Assuring you of our best services,

Authorised Signatory

Fulfiller	: MAHESH TIWARI	Code	: SH5593	Phone No	: 9803008004
Intermediary	: Mr.AJAY KUMAR	Code	: TR0000009952	Phone No	: 9779949205
Reference No	R/161113/01/2015/000766	Proposer Code / Cust Code	:	2412364 / AA0001967075	

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy.

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

Proposer Name : HARDEEP SINGH RAI

Scheme : 2A+1C

Age : 48

S.No	Sum Insured in Rupees	Premium in Rupees (Excluding Service Tax)
1	400000	13200
2	500000	15350
3	1000000	20990
4	1500000	27500

Sheet attached to and forming part of the Renewal notice
(for Health/Personal Accident)

Name of the Proposer : HARDEEP SINGH RAI
Policy Number : P/161113/01/2014/000582

As per the Regulatory requirements ,we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose please submit the following details

Name of the proposer	
Name of the Bank & Branch	
Type of Account	SB Account / Current Account / Others (please specify)
Account Number	
IFSC Code of Bank	

Please attach a photo copy of a cheque leaf of the above Bank Account.

Date :

Place :

Signature of the Proposer