

FAMILY HEALTH OPTIMA INSURANCE POLICY - SCHEDULE

Policy No. : P/161113/01/2016/000777	Previous Policy No. : P/161113/01/2015/000532
Proposer's Code : 2412364	Issuing Office Code : 161113
Proposer's Name : HARDEEP SINGH RAI	Issuing Office Name : Branch Office - Chandigarh
Address : HNo-21, Guru Nanak Engineering College Gill Road Ludhiana,Ludhiana,Punjab-141006	Address : SCO No- 257, 2nd Floor Sector 44 C, Chandigarh CHANDIGARH
Phone No : //	Toll Free No : 0172 4011030-37
E-mail id : .	E-mail id : chandigarh.ao@starhealth.in
Proposal date : 22/06/2011	Fulfiller Code : SH5593 Sector : Urban
Date of Inception of first policy : 22/06/2011	Intermediary Code : SD161113 Name : 161113 SD CODE Phone No : / E-mail id : NIL
Renewal Year : Fourth Year	
Receipt No : 1115000990	
Receipt Date : 27/06/2015	
Premium : Rs9180/- Service Tax : Rs 1285/- Stamp Duty : Re 1/- Total Premium : Rs 10465/-	
Total Premium In Words : Rupees Ten Thousand Four Hundred Sixty Five Only	
PERIOD OF INSURANCE FROM : 06/07/2015 00:00:00 TO : Midnight Of 05/07/2016	
SCHEME - DESCRIPTION : 2 ADULTS + 1 CHILD BASIC FLOATER SUM INSURED : Rs. 300000 In Words: Three Lakhs Only	
Bonus : Rs 105000	
Limit of coverage : Rs.405000 /-	Recharge Benefit : 75000

Details of Insured Persons :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	Pre Existing Disease/s	ID Card No
1	HARDEEP SINGH RAI	MALE	10-11-1965	49 Yrs 7 Mths	SELF	NIL	1771797-1
2	NARMEET RAI	FEMALE	23-09-1968	46 Yrs 9 Mths	SPOUSE	NIL	1771797-2
3	ARHANT RAI	MALE	30-08-1992	22 Yrs 9 Mths	DEPENDANT CHILD	NIL	1771797-3

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 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 abinitio (from inception).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

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

IMPORTANT

IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Toll Free No : 1800 425 2255 Email: support@starhealth.in Fax No: 1800 425 5522.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Chandigarh on 27th Day of June 2015.

Entered By : PREMIA

IRDA Regn. No 129

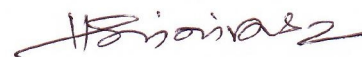
Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

1 of 2



Authorised Signatory

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

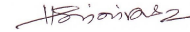
Policy No : P/161113/01/2016/000777 **Type Of Policy** : Family Health Optima Insurance-Revised
Issue Office : 161113 - Branch Office - Chandigarh
Address : SCO No- 257, 2nd Floor
Sector 44 C, Chandigarh
Toll Free No : 0172 4011030-37
Email : chandigarh.ao@starhealth.in

This is to certify that HARDEEP SINGH RAI has paid Rs 10465 (Total Premium In Words : Indian Rupees Ten Thousand Four Hundred Sixty-Five Only) towards Premium for Hospitalization Insurance vide Policy No: P/161113/01/2016/000777 for the Period 06-JUL-15 To 05-JUL-16 issued on 27-JUN-15 .

Payment received by Cheque/Credit/Debit Card vide collection No: 1115000990 27-JUN-15

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For Star Health and Allied Insurance Company
Ltd.



Authorised Signatory