



Star Health And Allied Insurance Company Limited

Date : 10-Nov-2025

IMPORTANT

To,
MR.NARESH D. CHOUDHARY ,
ROOM NO. 107, SHRADDHA ANAND BLDG,
SUMAN JEWELLERS, A WING, JIJAMATA NAGAR,
KAMGAR HOSPITAL RD, VAITIWADI, THANE - W.
Thane Town,Maharashtra-**400602**
Mobile : 84XXXXXX27

Dear Customer,

Re: Health Insurance Policy - 884811115571893

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

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

With kind regards,

Authorised Signatory

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

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

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

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

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

Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V02223 POLICY SCHEDULE

Policy No. : 8848111115571893	Previous Policy No : 11240528655814
Customer Code : 31942930	GSTIN : 27AAJCS4517L1ZY
Customer Name : MR.NARESH D. CHOUDHARY	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 31942930	Issuing Office Code : 171115
Proposer Name : MR.NARESH D. CHOUDHARY	Issuing Office Name : Branch Office -Thane
Proposer Address : ROOM NO. 107, SHRADDHA ANAND BLDG, SUMAN JEWELLERS, A WING, JIJAMATA NAGAR, KAMGAR HOSPITAL RD, VAITIWADI, THANE - W. Thane Town Maharashtra 400602	Issuing Office Address : 1st Floor, Panama Planet Above Bharat Bank, Gokhale Road, Naupada, Thane (W) Thane Town Maharashtra 400602
Phone No : 84XXXXXX27	Phone No : 022-67668500
E-mail Id : ndXXXXXXXXX30@gmail.com	E-mail Id : thane@starhealth.in
Proposer GSTIN : NO	Place of Supply : Maharashtra
Proposal date : 19-Nov-2010	Fulfiller Code : SH40740
Date of Inception of first policy : 19-Nov-2010	Intermediary Code : BA0000134414 Name : Ms.APARNA GODSE Phone No : 9220848110 E-mail Id : godse.aparna@gmail.com
Policy Category : Fifteenth Year	
Collection No : 171115/RV/2026/0264332516	
Collection Date : 10-Nov-2025	
Premium : Rs. 29,233/-	
Optional Cover Loading : Rs. 0/-	
Optional Cover Discount : Rs. 0/-	
CGST @ 0% : Rs. 0/-	
SGST @ 0% : Rs. 0/-	
Total Premium : Rs. 29,233/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Nine thousand two hundred thirty three only	
PERIOD OF INSURANCE: From : 28-Nov-2025 00:00 Hrs To : Midnight Of 27-Nov-2026 Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/- (inclusive GST)	
Policy Type : FLOATER	Scheme Description : 2A+1C
Basic Floater Sum Insured : Rs. 20,00,000/-	Bonus : Rs. 0/-
Sum Insured In Words : Rupees Twenty lakhs only	
Optional Cover (Deductible) : No	Deductible : Rs. 0/-

Entered by : CUSTPORTAL
Approved by : SH62814

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: **884811115571893**

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	MR.NARESH D. CHOUDHARY	Male	22-Jun-1996	29	Self	1378680-4	19-Nov-2010
Pre Existing Disease : No PED Declared							
2	PAVITRA CHOUDHARY	Female	05-Jun-1999	26	Spouse	31942930-1	28-Nov-2022
Pre Existing Disease : No PED Declared							
3	CHEHAK CHOUDHARY	Female	03-Oct-2020	5	Daughter	31942930-2	28-Nov-2022
Pre Existing Disease : No PED Declared							

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	PAVITRA N. CHOUDHARY	Spouse	26	100			

Sector Classification:

Urban	Urban
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"ORDER NO. LOA/ENF-2/CSD/44/2024 VALIDITY PERIOD DT. 29-APR-24 TO 31-DEC -2027 /571 GRN NO. MH017132436202324E DATE:12.3.24 CANARA BANK DEFACE NO. 0000591537202425 DATE 23-APR-24"

Please check whether the details given by you about the insured person(s) 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).

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

Entered by : CUSTPORTAL
Approved by : SH62814

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Star Health And Allied Insurance Company Limited



Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No : 8848111115571893

Name	DOB	Gender	Customer id
MR.NARESH D. CHOUDHARY	22-Jun-1996	Male	1378680-4
PAVITRA CHOUDHARY	05-Jun-1999	Female	31942930-1
CHEHAK CHOUDHARY	03-Oct-2020	Female	31942930-2

Valid From : 28-Nov-2025

Valid Till : 27-Nov-2026

Office Code : 171115

Agent/Broker/TE Code : BA0000134414

TA/SSM/SM Code : SH40740

IRDAI Regn.No:129

Emergency Help Line No.1800 425 2255/1800 102 4477

e-mail : support@starhealth.in Website : www.starhealth.in

Please quote the Customer Id No. for assistance

- This ID Card is invalid,if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation,kindly submit any **Government approved photo ID Card.**

Corporate Identity Number : L66010TN2005PLC056649

Entered by : CUSTPORTAL
Approved by : SH62814

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Tax Invoice

Invoice No. :		Customer ID :	31942930
Invoice Date :	10-Nov-2025	Policy No. :	8848111115571893
Recipient		Supplier	
GSTIN :		GSTIN :	27AAJCS4517L1ZY
Name :	MR.NARESH D. CHOUDHARY	Name :	Star Health and Allied Insurance Co Ltd - Branch Office -Thane
Address :	ROOM NO. 107, SHRADDHA ANAND BLDG, SUMAN JEWELLERS, A WING, JIJAMATA NAGAR, KANGAR HOSPITAL RD, VAITIWADI, THANE - W.	Address :	1st Floor, Panama Planet Above Bharat Bank,Gokhale Road, Naupada,Thane (W)
City :	Thane Town	City :	Thane Town
State :	Maharashtra	State :	Maharashtra
	Pin Code : 400602		Pin Code : 400602
	Client Category : IND		Place of supply : Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 0% D = C * IGST	CGST @ 0% E = C * CGST	UT/SGST @ 0% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
	Insurance Services	29,233.00	0	29,233.00	0	0	0	0	29,233.00

Total Invoice Value (in Figures) : Rs. 29,233/-

Total Invoice Value (in Words) : Rupees Twenty Nine thousand two hundred thirty three 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

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

E. & O.E

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

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: stargst@starhealth.in

Entered by : CUSTPORTAL
Approved by : SH62814

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Government of India



Aadhaar no. issued: 30/09/2013



पवित्रा नरेश चौधरी

Pavitra Naresh Choudhary

जन्म तारीख/DOB: 05/06/1999

महिला/ FEMALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे
स्कॅनिंग/ ऑफलाइन XML)

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6381 3865 6870

माझे **आधार**, माझी ओळख



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India



पत्ता:

मार्फत: नरेश दलपतराज चौधरी, 107/ श्रद्धा आनंद अपार्टमेंट,
ए-विंग, रोड नं.33, रामचंद्र नगर, सुमन ज्वेलर्स, जिजामाता
नगर, वागळे इस्टेट, ठाणे, वागळे आय. ई., ठाणे,
महाराष्ट्र - 400604



Address:

C/O: Naresh Dalpatraj Choudhary, 107/ Shradha
Anand Apt., A-Wing, Road No.33, Ramchandra
Nagar, Suman Jewellers, Jijamata Nagar, Wagle
Estate, Thane, PO: Wagle I.e., DIST: Thane,
Maharashtra - 400604

6381 3865 6870

VID : 9120 2311 6665 0055

☎ 1947

| ✉ help@uidai.gov.in

| 🌐 www.uidai.gov.in



भारत सरकार

GOVERNMENT OF INDIA

नरेश दलपतराज चौधरी

Naresh Dalpatraj

Choudhary

जन्म तारीख/ DOB: 26/06/1996

पुरुष / MALE



6390 9463 2343

माझे आधार, माझी ओळख



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

S/O: दलपतराज चौधरी,
वैती वाडी, कामगार
हॉस्पिटल रोड, कोरम मॉल
जवळ, जिजामाता नगर,
ठाणे, ठाणे,
महाराष्ट्र - 400604

Address:

S/O: Dalpatraj Choudhary, VAITI
WADI, KAMGAR HOSPITAL
ROAD, NEAR KORUM MALL,
JIJAMATA NAGAR, Thane,
Thane,
Maharashtra - 400604



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P.O. Box No. 1947
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BCIPC3571K



नाम / Name

NARESH DALPATRAJ CHOUDHARY

पिता का नाम / Father's Name

DALPATRAJ TIKAMJI CHOUDHARY

जन्म की तारीख /

Date of Birth

26/06/1996

हस्ताक्षर / Signature