

RENEWAL REMINDER

Policy No : P/161118/01/2023/010102

PRATEEK MAGGO
C-9, GUJRANWALAN APPARTMENT, J-BLOCK
VIKASPURI, NEW DELHI
New Delhi, New Delhi, Delhi- 110018
93XXXXXX96 / - /prXXXXXX@gmail.com

July 10, 2023
161118 - Branch Office - Janak Puri
C-2, Third Floor,
New Krishna Park, Vikas Puri, Near Janakpuri West Metro Station
Janakpuri,, New Delhi-110018
DELHI - 110018
011 - 46763300 - 14
janakpuri@starhealth.in

Proposer/Cust Code : 30760205 / AA0027341277

Reference No : R/161118/01/2024/013582 - Direct Receipt

Dear Customer,

We value your relationship with us and thank you for the same. We wish to bring to your kind notice that your **Young Star Insurance Policy** is due for renewal on **15/08/2023**. The renewal premium including GST works out to **Rs.7133/-** as per details given below.

S. No	Name of the Insured	Date Of Birth	Age (years)	Relationship with proposer	Sum Insured (Rs.)	Premium (Rs.)
1	PRATEEK MAGGO	01/11/1994	28	SELF	1000000	6045
GST@ 18%						1088
Total Renewal Premium						7133
To match escalation of medical costs, you can also opt for higher Sum Insured. The higher sum insured options and the respective premium (including Tax) are given below						
PRATEEK MAGGO						
SI 1500000 :Rs.8703/-		SI 2000000 :Rs.9924/-		SI 2500000 :Rs.11328/-		SI 5000000 :Rs.13482/-
SI 7500000 :Rs.14768/-						

If there is any change in the list of insured persons to be covered and/ or you desire any changes in the sum insured etc., please inform us immediately. 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 Company Limited.

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. If you have not provided the mobile number please provide the same.

Mobile Number : _____ **Email id :** _____

For Star Health and Allied Insurance Company Limited

Intermediary Name/Code: Mr.SANJAY KUMAR/BA0000222110

Phone No : 9560622266

Fulfiller Name/Code : Mr.RABINDRA KUMAR GUPTA/SH30078

Phone No : 8076224594

Authorized Signatory

IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

Star Health and Allied Insurance Co.Ltd
Spot Acknowledgement

Acknowledged hereby receipt of Cash / Cheque / DD No. _____ Dt _____ for Rs. _____/- drawn on _____ from Mr./Mrs/Ms. _____ towards premium for the renewal of Policy No. _____. A system generated "Advance Premium Receipt" for this payment will follow from our office, which is subject to realization of the cheque.

Name & Code of the Authorised Person

Place:

Date:

Signature of Authorised Person