

Date: 11-Jun-2024

IMPORTANT

To,

POOLLA SAI YASASWI , 7-94/3/1,sril lakshmi sai nivas,2.palabazar prasadampadu Enikepadu,Krishna,Andhra Pradesh

Vijayawada Rural Mandal, Andhra Pradesh-**521108** Mobile: 7674909883

Dear Customer,

Re: Health Insurance Policy - 11230040990603

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.

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Medi Classic Insurance Policy (Individual) Unique Identification No. SHAHLIP23037V072223

In Consideration of payment of Rs. 6,882/- towards renewal premium of <u>policy</u> <u>number:11230040990602</u>, the policy stands renewed for a further period of 1 Year as per the details given below

	E Carlos I III	t No:11230040990603	Personal & Carine
Customer Code ::	22411651 W 102 S S S S S S S S S S S S S S S S S S S	GSTIN Personal & Caring Insurance Insurance	33AAJCS4517L1Z5
Cust CKYC No :	POOLLA SAI YASASWI - Health Monthly Specific Control of Control o	SAC Code :	997133 / Accident and Health Insurance Services
Proposer Code :	22411651	Issuing Office Code :	700001
Proposer Name :	POOLLA SAI YASASWI	Issuing Office Name	Chennai - TS Health Insurance
Proposer Address:	7-94/3/1,sril lakshmi sai nivas,2.palabazar prasadampadu Enikepadu,Krishna,Andhra Pradesh Vijayawada Rural Mandal Andhra	Issuing Office Address:	No.289, 2nd & 3rd Floor, West Sivan Koil Street, Vadapalani Chennai Tamil Nadu 600026
Health Personal & Cr	Pradesh 521108	Health Insurance Sp. The Health Insurance Sp.	A — = = moth
Phone No :	7674909883	Phone No :	044-47686041
E-mail Id	sasikanthpsn@gmail.com	E-mail Id	telesupport@starhealth.in
Proposer GSTIN :	NO	Place of Supply	Tamil Nadu
Proposal date :	14-Jun-2021	Fulfiller Code :	SO700001
Date of Inception: of first policy	14-Jun-2021	Personal & Carins Insurance Personal & Carins Insurance Personal & Carins Insurance Personal & Carins Insurance	Ance Specialist
Renewal Year :	Third Year	a Hoally Insurance	Health Personal & Carine Insurance Ins
Collection No <:	700001/RV/2025/0134827385	A Realth Person	inal & Caring Insurance
Collection Date :	11-Jun-2024	Personal & Carine Insurance Personal Per	Health Insurance Carins
Premium :	Rs. 5,832/- murance training t	Name Health Insurance Thomas	Office Direct
IGST @ 18%	Rs. 1,050/-	Phone No :	044-47686041
Health Present & Caine Insurance Persont & Caine Insurance Persont Present Pre	The Health Insurance Specialist	E-mail Id Health Internation	telesupport@starheal h.in
Total Premium : Stamp Duty :	Rs. 6,882/- Health Insurance Re. 1/- Health Insurance Specialist	Mealth Health	Personal & Carine Insurance Insurance
Starrip Duty	Ne. 1/=	Insurance Insurance	

PERIOD OF INSURANCE : From : 14-Jun-2024 00:00 To : Midnight Of 13-Jun-2025 Policy Term :1 Year

Installment Facility Option: No Premium Payment Frequency: Annual Installment Amount Rs.: 0/-

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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: 11230040990603

Details of Insured Persons:

No. of Persons Insured: 1

Paisonal & Cornes Health Insurance Specialist		Specialist		Age	Relationshi Sum	Cumu. ID	Optional Covers Opted			PERSONAL & Carine Inst		
SI. no.	Name	Name Gender	Date of Birth	in	p with Insured (Rs.)	Bonus Card (Rs.) No		Gold Plan	Hospital Cash	Patient Care	Inception date	
1	POOLLA SAI YASASWI	Male	19-Oct-1994	29 Health Insurance	Self (sonal & C	3,00,000	45,000	224116 51-1	No	Yes Personal & Caring	Health No Insurant	14-Jun-2021

Pre Existing Disease : No PED Declared

Nominee Details:

Nominee Details for the Proposer					Appointee Details				
S.No	The Heal Name	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee		
	Health Insurance	The Health Insurance Specie	[9]	A _=	Personal & Carlos Insurance Specialis	The Health Insuran	A TET		
Halth In Irance	POOLLA Sai Sirisha	Spouse	27 Health Insurance	100 ersonal a	Carlos Insurance The Results Inco Specialist	Personal	Health Insurance The Health		

The wording mentioned below appearing under Coverage II (M) in policy wording stands deleted. "Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".

Sector Classification:

Health Health	And the second s	a carins Institution	
Rura Insurante	ASTA STATE Health Insurp	trance The Health in the new Speciality	Personal & Carins Insurance The

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.244 DATED.2ND JUNE 2023"

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 / 1800 102 4477 Email:support@starhealth.in Fax No:1800 425 5522.

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.

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 **Chennai - TS** on **11th Day of June 2024**.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Hospitalisation Benefit Policy

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

2022

Issue Office: 700001-Chennai - TS

Address: No.289, 2nd & 3rd Floor,

West Sivan Koil Street,

Vadapalani

Chennai Tamil Nadu 600026

Tel / Fax : 044-47686041

Email : telesupport@starhealth.in

This is to certify that POOLLA SAI YASASWI has paid Rs 6,882/- (Total Premium: Indian Rupees Six thousand eight hundred eighty two only) towards Premium for Hospitalization Insurance vide Policy No: 11230040990603 for the Period 14-Jun-2024 To 13-Jun-2025 issued on 11-Jun-2024.

Payment received by Payment Gateway vide Receipt No: 700001/RV/2025/0134827385/1 Receipt Date: 11-Jun-2024

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.

Date : 11-Jun-2024 For and on behalf of

Place: Chennai - TS Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

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For Star Health and Allied Insurance Company Ltd.

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Tax Invoice



Invoice No.	: 332406I016122439	Customer II	22411651				
Invoice Date	: 11-Jun-2024	Policy No. : 11230040990603					
117.111.	Recipient		Supplier				
GSTIN	halth Persons Specially	GSTIN	: 33AAJCS4517L1Z5				
Name Personal A	POOLLA SAI YASASWI	Name ce	: Star Health and Allied Insurance Co Ltd - Chennai - TS				
Address	: 7-94/3/1,sril lakshmi sai nivas,2.palabazar prasadampadu Enikepadu,Krishna,Andhra Pradesh	Address Health Insurance Account to carried Insurance	: No.289, 2nd & 3rd Floor, West Sivan Koil Street, Vadapalani				
City	: Vijayawada Rural Mandal Pin Code : 521108	City Health Insurance Insurance	: Chennai Pin Code : 600026				
State	: Andhra Pradesh Client : IND Category	State	: Tamil Nadu Place of Tamil Nadu supply				

		Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G= C * Cess	H = C + D + E+ F + G
997133	Insurance Services	5,832.00	0	5,832.00	1,050.00	ca The Het O	O O	0	6,882.00

Total Invoice Value (in Figures) : Rs. 6,882/-

Total Invoice Value (in Words) : Rupees Six thousand eight hundred eighty two 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

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