



# Star Health And Allied Insurance Company Limited

## Accident Care Individual Insurance Policy Unique Identification No. IRDAI/HLT/SHAI/P-P/V.III/134/2017-18 POLICY SCHEDULE

<b>Policy No.</b>	: 6655162600047337	<b>Previous Policy No</b>	:
Customer Code	: PI0010950679	GSTIN	: 07AAJCS4517L1Z0
Customer Name	: SALAUDDIN	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: -	Issuing Office Code	: 700004
Proposer Code	: PI0010959172	Issuing Office Name	: Tele Sales -Noida
Proposer Name	: SALAUDDIN	Issuing Office Address	: No.B 20-21, 126/10, Guru Nanakpura, Laxmi Nagar, East Delhi Delhi 110092
Proposer Address	: C/O SHAMSHUL JIGAR COLONY DAMDMA KOTHI KE PASS MORADABAD PO MORADABAD UTTAR PRADESH Moradabad Tehsil Uttar Pradesh 244001	Phone No	: 011-49074146/011-40154773
Phone No	: 9548524693	E-mail Id	: telesaleseastdelhi@starhealth.in
E-mail Id	: up0321604@gmail.com	Place of Supply	: Uttar Pradesh
Proposer GSTIN	: NO	Fulfiller Code	: SO700004
Proposal Date	: 23-Nov-2025	Name	: Office Direct
Date of Inception of first policy	: 23-Nov-2025	Phone No	: 011-49074146/011-40154773
Policy Category	: New	E-mail Id	: telesaleseastdelhi@starhealth.in
Collection No	: 700004/RV/2026/0267122766		
Collection Date	: 22-Nov-2025		
Premium	: Rs. 19,347/-		
IGST @ 0%	: Rs. 0/-		
Total Premium	: Rs. 19,347/-		
Stamp Duty	: Rs. 500/-		
<b>Total Premium In Words : Rupees Nineteen thousand three hundred forty seven only</b>			
<b>Period of Insurance</b>	: From : 23-Nov-2025 18:28 Hrs	To : Midnight of 22-Nov-2028	<b>Policy Term :3 Years</b>
Total Sum Insured	: 1,00,00,000		
In words	: Rupees One crore only		

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Approved by : BATCH

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For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649  
Email ID: info@starhealth.in

Authorised Signatory

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# Star Health And Allied Insurance Company Limited

**Attached to and forming part of Policy No: 6655162600047337**

**Insured Details :**

Sl.N o	Name of the Insured	Gender	DOB	Age in Years	Relationship with proposer	Occupation	Risk Group	Cumulative Bonus	Inception date
1	SALAUDDIN	Male	17-Aug-1989	36	Self	Private Sector - Service	GROUP I	0	23-Nov-2025

**Pre-Existing Disabilities :** No PED Declared

**Coverage Details :**

Sl. no.	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses	Hospital Cash	Home Convalescence	Winter Sports
1	SALAUDDIN	0	95,00,000	5,00,000	1,00,00,000	No	No	No	No

**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	NAGMA	Spouse	30	100			

**Sector Classification:**

Urban		
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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 the receipt of the policy, failing which the details relating to the insured person(s) given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement shall read as follows and not as stated in policy wordings: "The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

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

**Important**

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Tele Sales -Noida on 24th Day of November 2025.

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# Star Health And Allied Insurance Company Limited

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 November, 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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# Star Health And Allied Insurance Company Limited

## Tax Invoice



<b>Invoice No.</b>	PI0010950679								
<b>Invoice Date</b>	22-Nov-2025								
<b>Recipient</b>		<b>Supplier</b>							
<b>GSTIN</b>		<b>GSTIN</b>	07AAJCS4517L1Z0						
<b>Name</b>	SALAUDDIN	<b>Name</b>	Star Health and Allied Insurance Co Ltd - Tele						
<b>Address</b>	C/O SHAMSHUL JIGAR COLONY DAMDMA KOTHI KE PASS MORADABAD PO MORADABAD DISTT MORADABAD UTTAR PRADES	<b>Address</b>	No.B 20-21, 126/10, Guru Nanakpura, Laxmi Nagar,						
<b>City</b>	Moradabad Tehsil	<b>City</b>	East Delhi						
<b>State</b>	Uttar Pradesh	<b>Pin Code</b>	244001						
		<b>Client Category</b>	IND						
		<b>Pin Code</b>	110092						
		<b>Place of supply</b>	Uttar Pradesh						
HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 0%	CGST @ 0%	UT/SGST @ 0%	CESS @ 1%	Total Invoice Value
	A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G = C * Cess	H = C + D + E + F + G	
	Insurance Services	19,347.00	0	19,347.00	0	0	0	0	19,347.00

**Total Invoice Value (in Figures)**

: Rs. 19,347/-

**Total Invoice Value (in Words)**

: Rupees Nineteen thousand three hundred forty seven 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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