

Star Health And Allied Insurance Company Limited

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd. Unique Identification No. SHAHLIP22027V032122 Certificate of Insurance

Health Insurance	Certificate (or insurance	Health Health
Certificate No :	2668112500015773	Previous Certificate No	Holth Insurance Personal & Carrier House
Customer Code :	BP0081051337	GSTIN Health Insurance Insurance	: 29AAJCS4517L1ZU
Customer Name :	INSIGHT SOFTWARE & CONSULTING SERVICES PRIVATE LIMITED	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No :	A TEST	Personal's Carlos Insurance	Vetar.
Proposer Code :	PI0007530245	Issuing Office Code	: 141142 Health Health Insurance S
Proposer Name :	Sarvesh Vishwanath	Issuing Office Name	: Branch Office - Indiranagar III
Proposer Address:	Plot no 117 Neil Rao Tower EPIP Road No.3 Near Nallur Halli Metro Station bangalore BANGALORE Bangalore Karnataka 560066	Issuing Office Address	: No.57 III rd Floor Double Road, Indiranagar Bengaluru City Karnataka 560038
Phone No :	9590956508 Health Insurance The Health Insurance	Phone No	: 080-41616154
E-mail Id	sarvesh.v@infosight- consulting.com	E-mail Id Health Inquirance The Modific Insurance Special	: Indiranagar3.bo@starhealth.i
Proposer GSTIN :	NO Health	Place of Supply	: Karnataka Health Insurance The Health
Proposal date :	31-Dec-2024 Personal & Carina I Industrial	Fulfiller Code	: S0141142
Date of Inception: of first policy	31-Dec-2024	Health Insurance Too Wealth Insurance	ATAR Health
Policy Category :	New Personal & Carine Insurance The Hos	Intermediary	: LC000000549
Collection No 🧲 🗧	141142/RV/2025/0185645437	Code Health Personal & Committee of the Code	aring I multillion
Collection Date :	31-Dec-2024	Name Insurance	: M/S.AB INSURANCE
Premium :	Rs. 4,170/-	Test !	BROKERS PVT LTD
Presional & Carrier Insurance Presional in Carrier Insurance Presint Insurance Specialist	Person & Criste Insurance Profit & Criste Insurance Profit & Criste Insurance Profit & Criste Insurance In	Phone No	:186030704215/6289016 242
CGST @ 9% :	Rs. 375/-s Health Insurance	E-mail Id	:cengage@abibpl.com
A	Rs. 375/-	Personal & Carine Insurance The Health	Health
The Health Insurance Specialist	A Health Insurance	The Health Insurance of	Personal & Carina Insurance
Total Premium :	Rs. 4,920/-	1	Personal & Caring Insurance The Health Personal & Caring Insurance The Health Personal & Caring Personal & Carin
Stamp Duty :	Re. 1/- nsurance Specialist	Health	cealth insurance

PERIOD OF INSURANCE: From: 31-Dec-2024 21:00 To: Midnight Of 30-Dec-2025

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

Details of Insured Persons:

SI. no	Name of the Insured Health Insurance	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Bonus Rs	ID Card No	Inception Date
Insurance Insurance	Sarvesh Vishwanath	Male	31-Oct-1998	26	Insurance Spe Self	5,00,000	O persona	PI000753024	31-Dec-2024
Pro	Existing Disease:	No PED De	eclared Specialist	Α.	×	Health Insural Insural Communication of the Communi	The Health Ins	(I all)	人二章

Entered by : STAR_PORTAL Approved by : SH41718

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 1 of 2



Star Health And Allied Insurance Company Limited

Attached to and forming part of certificate No. 2668112500015773

Nominee Details:

Tho	Nominee Det	ails for the Pro	pose	Арро	intee Details	The Health Insurance Specialist	
S.No	Name Health Insurance Pendal & Carine Pendal & Pendal	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	VEERESH V	Brother	24	100	Health Insurance	The Health Insurance Specialist	A -1

Sector Classification:

11 110-11		7.01			THE RESERVE TO SERVE THE PARTY OF THE PARTY
Urban	Health Insurance	The Health Insurance	A = = = yealth	Personal & Caring Insuran	

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE CHALLAN NO CR0424003000618891 DT 24.04.2024"

For detailed coverage, terms & Conditions and exclusions, kindly visit website : www.starhealth.in

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.

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.

Entered by : STAR_PORTAL Approved by : SH41718

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 2