

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

| | |
|--|--|
| Certificate No : 2668112500015773 | Previous Certificate No : |
| Customer Code : BP0081051337 | GSTIN : 29AAJCS4517L1ZU |
| Customer Name : INSIGHT SOFTWARE & CONSULTING SERVICES PRIVATE LIMITED | SAC Code : 997133 / Accident and Health Insurance Services |
| Cust CKYC No : - | |
| Proposer Code : PI0007530245 | Issuing Office Code : 141142 |
| 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 | Phone No : 080-41616154 |
| E-mail Id : sarvesh.v@infosight-consulting.com | E-mail Id : Indiranagar3.bo@starhealth.in |
| Proposer GSTIN : NO | Place of Supply : Karnataka |
| Proposal date : 31-Dec-2024 | Fulfiller Code : SO141142 |
| Date of Inception of first policy : 31-Dec-2024 | |
| Policy Category : New | Intermediary Code : LC0000000549 Name : M/S.AB INSURANCE BROKERS PVT LTD Phone No : 186030704215/6289016 242 E-mail Id : cengage@abibpl.com |
| Collection No : 141142/RV/2025/0185645437 | |
| Collection Date : 31-Dec-2024 | |
| Premium : Rs. 4,170/- | |
| CGST @ 9% : Rs. 375/- | |
| SGST @ 9% : Rs. 375/- | |
| Total Premium : Rs. 4,920/- | |
| Stamp Duty : Re. 1/- | |
| Total Premium In Words : Rupees Four thousand nine hundred twenty only | |
| 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 :

| Sl. no | Name of the Insured | Gender | Date of Birth | Age in Yrs | Relationship with Proposer | Sum Insured (Rs.) | Bonus Rs | ID Card No | Inception Date |
|--------|---------------------|--------|---------------|------------|----------------------------|-------------------|----------|--------------|----------------|
| 1 | Sarvesh Vishwanath | Male | 31-Oct-1998 | 26 | Self | 5,00,000 | 0 | PI0007530245 | 31-Dec-2024 |

Pre Existing Disease : No PED Declared

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

Attached to and forming part of certificate No. 2668112500015773

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 | VEERESH V | Brother | 24 | 100 | | | |

Sector Classification:

| | | |
|-------|--|--|
| Urban | | |
|-------|--|--|

"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