

Date : 27-Sep-2023

**IMPORTANT**

To,

BHAVANA C ,  
D/O BHASKARAN P V, PAPPINISSERI VEEDU  
MORAZHA POST  
MOTTAMMAL VIA

Kannur Taluk,Kerala-**670331**

Mobile : 9633761340

Dear Customer,

**Re: Health Insurance Policy - 11240426453400**

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



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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.



## Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223 POLICY SCHEDULE

<b>Policy No.</b> : 11240426453400	<b>Previous Policy No</b> :
<b>Customer Code</b> : PI0004199616	<b>GSTIN</b> : 32AAJCS4517L1Z7
<b>Customer Name</b> : BHAVANA C	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Proposer Code</b> : PI0004199616	<b>Issuing Office Code</b> : 181314
<b>Proposer Name</b> : BHAVANA C	<b>Issuing Office Name</b> : Branch Office - Kalpetta
<b>Proposer Address</b> : D/O BHASKARAN P V, PAPPINISSERI VEEDU MORAZHA POST MOTTAMMAL VIA Kannur Taluk Kerala 670331	<b>Issuing Office Address</b> : Second Floor, V.M.Tower, Goodalayi, Kalpetta PO Vythiri Kerala 673121
<b>Phone No</b> : 9633761340	<b>Phone No</b> : 04936-202411/04936-204011
<b>E-mail Id</b> : bhavnanambiar@gmail.com	<b>E-mail Id</b> : kalpetta.kerala@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Kerala
<b>Proposal date</b> : 27-Sep-2023	<b>Fulfiller Code</b> : SH4808
<b>Date of Inception of first policy</b> : 27-Sep-2023	<b>Intermediary Code</b> : BA0000528089  <b>Name</b> : MANOJ KUMAR M  <b>Phone No</b> : 9745037776/9745037776  <b>E-mail Id</b> : manojkumarmanu2017@gmail.com
<b>Policy Category</b> : New	
<b>Collection No</b> : 191133006247	
<b>Collection Date</b> : 27-Sep-2023	
<b>Premium</b> : Rs. 31,555/-	
<b>CGST @ 9%</b> : Rs. 2,840/-	
<b>SGST @ 9%</b> : Rs. 2,840/-	
<b>Total Premium</b> : Rs. 37,235/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Thirty Seven thousand two hundred thirty five only</b>	
<b>PERIOD OF INSURANCE</b> : From : 27-Sep-2023 09:12	<b>To</b> : Midnight Of 26-Sep-2024
<b>Installment Facility Option</b> : No	<b>Premium Payment Frequency</b> : Annual
<b>Policy Type</b> : FLOATER	<b>Installment Amount Rs.</b> : 0/-
<b>Basic Floater Sum Insured</b> : Rs. 5,00,000/-	<b>Scheme Description</b> : 2A
<b>Sum Insured In Words</b> : Rupees Five lakhs only	<b>Bonus</b> : Rs. 0/-
<b>Optional Cover (Deductible)</b> : No	<b>Deductible</b> : Rs. 0/-

Entered by : CUSTPORTAL  
Approved by : PORTAL

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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Page 2 of 9



**Attached to and forming part of Policy No: 11240426453400**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Inception date
1	BHASKARAN P V	Male	05-Jan-1962	61	Father	ME0438953483	10	27-Sep-2023
<b>Pre Existing Disease :</b> No PED Declared								
2	BINDU C	Female	31-Mar-1972	51	Mother	ME0438953484	NA	27-Sep-2023
<b>Pre Existing Disease :</b> No PED Declared								

**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	BHASKARAN P V	Father	61	100			

**Sector Classification:**

Urban Social	Other Categories of Person	Other Categories of Persons includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed and also includes guardians who need insurance to protect spastic persons or persons with disability.
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Please check whether the details given by you about the insured person(s) 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.

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

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

**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.**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Kalpetta on 27th Day of September 2023.

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Page 3 of 9



## Hospitalisation Benefit Policy

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

**Policy No** : 11240426453400

**Type of Policy** : Assure Insurance-2021

**Issue Office** : 181314-Branch Office - Kalpetta

**Address** : Second Floor, V.M.Tower,  
Goodalayi,  
Kalpetta PO  
Vythiri Kerala 673121

**Tel / Fax** : 04936-202411/04936-204011

**Email** : kalpetta.kerala@starhealth.in

This is to certify that BHAVANA C has paid Rs 37,235/- (Total Premium : Indian Rupees Thirty Seven thousand two hundred thirty five only ) towards Premium for Hospitalization Insurance vide Policy No: 11240426453400 for the Period 27-Sep-2023 To 26-Sep-2024 issued on 27-Sep-2023.

Payment received by Payment Gateway vide Receipt No: 191133006247/1 Receipt Date: 27-Sep-2023

**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** : 27-Sep-2023


**For and on behalf of**

**Place** : Branch Office - Kalpetta

**Star Health and Allied Insurance Company Ltd.**

**IRDA Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

  
**Authorised Signatory**

**Email ID: info@starhealth.in**

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Page 4 of 9





**Star Health and Allied Insurance  
Company Limited  
Customer Identity Card**

**Policy No : 11240426453400**

Name	DOB	Gender	Customer id
BHASKARAN P V	05-Jan-1962	Male	ME0438953483
BINDU C	31-Mar-1972	Female	ME0438953484

**Valid From : 27-Sep-2023**

**Agent/Broker/TE Code : BA0000528089**

**Office Code : 181314**

**TA/SSM/SM Code : SH4808**

**IRDAI Regn.No:129**

**Emergency Help Line No.1800 425 2255/1800 102 4477**

e-mail : [support@starhealth.in](mailto:support@starhealth.in) Website : [www.starhealth.in](http://www.starhealth.in)

**Please quote the Customer Id No. for assistance**

- This Card is valid until otherwise Cancelled.
- This ID Card is invalid,if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation,kindly submit any **Government approved photo ID Card.**

**Corporate Identity Number : L66010TN2005PLC056649**

\*This is a temporary ID card issued along with the policy. Original ID card will be dispatched shortly.

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Page 5 of 9



## Tax Invoice

<b>Invoice No.</b>	: 3223091000095400	<b>Customer ID</b>	: PI0004199616
<b>Invoice Date</b>	: 27-Sep-2023	<b>Policy No.</b>	: 11240426453400
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b>	:	<b>GSTIN</b>	: 32AAJCS4517L1Z7
<b>Name</b>	: BHAVANA C	<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Branch Office - Kalpetta
<b>Address</b>	: D/O BHASKARAN P V, PAPPINISSERI VEEDU MORAZHA POST MOTTAMMAL VIA	<b>Address</b>	: Second Floor, V.M.Tower, Goodalayi, Kalpetta PO
<b>City</b>	: Kannur Taluk	<b>City</b>	: Vythiri
<b>State</b>	: Kerala	<b>State</b>	: Kerala
<b>Pin Code</b>	: 670331	<b>Pin Code</b>	: 673121
<b>Client Category</b>	: IND	<b>Place of supply</b>	: Kerala

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	31,555.00	0	31,555.00	0	2,840.00	2,840.00	0	37,235.00

**Total Invoice Value (in Figures)** : Rs. 37,235/-  
**Total Invoice Value (in Words)** : Rupees Thirty Seven thousand two hundred thirty five 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*

**IRDA Regn.No.129**      **Corporate Identity Number L66010TN2005PLC056649**      **Email ID: stargst@starhealth.in**

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Page 6 of 9



<b>Name Of the Product</b>	<b>Star Health Assure Insurance Policy</b>
<b>Product UIN No.</b>	<b>SHAHLIP23131V022223</b>

## Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000	
1	Room Category *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.		Up to 1% of Sum Insured per day	Any room (Except suite or above category)				Any room				B. 1
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual									B. 2
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs		Actual									B. 3
4	Day care procedures		All Day Care Procedures are Covered									B. 4
5	Coverage for Non-medical Items (Consumables)		Actual									B. 5
6	Emergency Road Ambulance		Actual									B. 6
7	Air Ambulance		Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year									B. 7
8	Pre-Hospitalization Expenses		Up to 60 days prior to the date of hospitalization									B. 8
9	Post-Hospitalization Expenses		Up to 180 days from the date of discharge from the hospital									B. 9
10	Domiciliary Hospitalization		Coverage for medical treatment (Including AYUSH) for a period exceeding three days									B. 10
11	Organ Donor Expenses		Up to the Sum Insured									B. 11
12	Health Checkup Assure	Individual SI	1,500	2,000	4,000	5,000	5,000	5,000	8,000	8,000	8,000	B. 12
		Floater SI	2,500	5,000	8,000	10,000	10,000	10,000	15,000	15,000	15,000	
13	Home Care Treatment		Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year									B. 13
14	Delivery Expenses		Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to 10% of the Sum Insured is payable									B. 14
15	In Utero Fetal Surgery/Intervention		Expenses incurred for list of In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy									B. 15
16	Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)		1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 16
17	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)		2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 17
18	Treatment for Chronic Severe Refractory Asthma		Payable up to 10% of sum insured not exceeding Rs.5 lakhs per policy period									B. 18
19	Compassionate travel		Expenses by air incurred upto Rs.10,000/- for one immediate family member(other than the travel companion) for travel towards the place where hospital is located									B. 19
20	Repatriation of Mortal Remains		Payable up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy.									B. 20
21	Treatment in Valuable service providers network		1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum									B. 21
22	Shared accommodation		Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in shared accommodation.									B. 22
23	AYUSH Treatment		Payable up to the sum insured.									B. 23
24	Second Medical Opinion		e_medicalopinion@starhealth.in.									B. 24
25	Coverage for Modern Treatment		Upto sum insured									B. 25
26	Cumulative Bonus		The insured person will be eligible for Cumulative bonus calculated at 25% of sum insured for each claim free year and maximum upto 100% of the sum insured									B. 26

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Page 7 of 9



27	Automatic Restoration of Sum Insured	The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.			B. 27	
28	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.			B. 28	
29	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.			B. 29	
30	Co-payment	10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above			B. 30	
31	Optional Cover to choose deductible		Sum Insured	Aggregate Deductible Option	Discount offered	B. 31
			Up to Rs. 20 lakhs	Rs. 50,000/-	45%	
				Rs. 1,00,000/-	55%	
			Above Rs. 20 lakhs	Rs. 50,000/-	35%	
				Rs. 1,00,000/-	50%	

**Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.**

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Page 8 of 9



**Forming part of Policy Number : 11240426453400**


**Covering Flu Vaccination Approved by ICMR under Health Check Up benefit**

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following cover without charging additional premium till 31.03.2024:

Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

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For Star Health and Allied Insurance Company Ltd.

  
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Page 9 of 9