

IMPORTANT

20/01/2023

To,

THENAPPAN,  
W/O THIYAGARAJAN, NO:6 1st FLOOR, 5th CROSS  
PRAKASH NAGAR, MALAIKOVIL,  
THIRUVERAMBUR(TP)  
Thiruverumbur (TP), Tiruchirappalli, Tamil Nadu -620013  
Mobile : 9962955507.

Dear Customer,

Re: Health Insurance Policy - P/121200/01/2023/011596

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.

**SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY**

**Schedule**

**Unique Identification No.SHAHLIP22199V062122**

**In consideration of payment of Rs.21240/- towards renewal premium of Policy number: P/121200/01/2022/010685, the policy stands renewed for a further period of 1 year as per the details given below.**

| <b>Renewal Endorsement No : P/121200/01/2023/011596</b>   |           |     |                                   |            |   |              |                            |        |                   |                |
|---|-----------|-----|-----------------------------------|------------|---|--------------|----------------------------|--------|-------------------|----------------|
| Customer Code : AA0010914534  |           |     |                                   |            | GSTIN : 33AAJCS4517L1Z5   |              |                            |        |                   |                |
| Customer Name : THENAPPAN   |           |     |                                   |            | SAC Code : 997133/Accident and Health Insurance Services  |              |                            |        |                   |                |
| Proposer's Code : 13702602  |           |     |                                   |            | Issue Office Code : 121200  |              |                            |        |                   |                |
| Proposer's Name : THENAPPAN   |           |     |                                   |            | Issue Office Name : Zonal Office - Trichy   |              |                            |        |                   |                |
| Address : W/O THIYAGARAJAN, NO:6 1st FLOOR, 5th CROSS<br>PRAKASH NAGAR, MALAIKOVIL,<br>THIRUVERAMBUR(TP)<br>Thiruverumbur (TP), Tiruchirappalli, Tamil Nadu -620013 |           |     |                                   |            | Address : No. 95,"Vaigarai Block", I Floor, St. Paul's Complex,<br>(Opp. to Head Post Office),<br>Bharathiyar Salai, Trichy -620001 |              |                            |        |                   |                |
| Phone No : 0/9962955507/  |           |     |                                   |            | Phone No : 0431-2461324 , 0431-2461325  |              |                            |        |                   |                |
| E-mail Id : 3.meenakshi@gmail.com   |           |     |                                   |            | E-mail Id : trichymainbo01@starhealth.in and trichymainbo02@starhealth.in   |              |                            |        |                   |                |
| Proposer GSTIN : -  |           |     |                                   |            | Place of Supply : -   |              |                            |        |                   |                |
| Proposal Date : 08/02/2020  |           |     |                                   |            | Fulfiller Code : SO121200   |              |                            |        |                   |                |
| Date of Inception of first policy : 08-FEB-2020   |           |     |                                   |            | <b>Intermediary Code : BA0000060077</b>   |              |                            |        |                   |                |
| Renewal Year : Third Year   |           |     |                                   |            |   |              |                            |        |                   |                |
| Collection Number : 1016012983  |           |     |                                   |            |   |              |                            |        |                   |                |
| Collection Date : 20/01/2023  |           |     |                                   |            |   |              |                            |        |                   |                |
| Premium :Rs 18,000 /-   |           |     |                                   |            | Name : MUTHURAMAN V   |              |                            |        |                   |                |
| CGST @9% : 1,620/- SGST / UTGST @9% : 1,620/-   |           |     |                                   |            | Phone No : /9994903997  |              |                            |        |                   |                |
| Stamp Duty :Re 1 /- Total Premium :Rs 21,240 /-   |           |     |                                   |            | E-mail Id : VALATHIRAM@GMAIL.COM  |              |                            |        |                   |                |
| <b>Total Premium In Words : Rupees Twenty One Thousand Two Hundred Forty Only</b>   |           |     |                                   |            |   |              |                            |        |                   |                |
| <b>Period Of Insurance From : 08/02/2023 00:00 Hrs To : Midnight Of 07/02/2024</b>  |           |     |                                   |            |   |              |                            |        |                   |                |
| <b>Policy Type : Individual</b>   |           |     |                                   |            |   |              |                            |        |                   |                |
| Installment Facility Optn :No   |           |     | Premium Payment Frequency :Annual |            |   |              | Installment Amount Rs. : 0 |        |                   |                |
| <b>Details of Insured Persons :</b>   |           |     |                                   |            |   |              |                            |        |                   |                |
| Sl. No.   | Name      | Sex | Date of Birth                     | Age in Yrs | Relationship with Proposer  | OP Limit Rs. | ID Card No                 | Co-Pay | Sum Insured (Rs.) | Inception Date |
| 1   | T.ANANTHI | F   | 12/04/1955                        | 67         | MOTHER  | 1000         | 13702602-1                 | 30     | 500000            | 08/02/2020     |
| Details of Pre Existing Diseases relating to the above person : NIL   |           |     |                                   |            |   |              |                            |        |                   |                |

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

**IRDAI Regn. No 129**

**Corporate Identity Number L66010TN2005PLC056649**

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

Authorised Signatory

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**Attached to and forming part of Policy No. P/121200/01/2023/011596**

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.  
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 abinitio (from inception).  
Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

**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.**

**Sector Classification :**

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

**Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.**

**Nominee Details**

| Nominee Details for the proposer |           |                            |     |     | Appointee Details |     |                           |
|----------------------------------|-----------|----------------------------|-----|-----|-------------------|-----|---------------------------|
| S.No.                            | Name      | Relationship with proposer | Age | %   | Appointee Name    | Age | Relationship with Nominee |
| 1                                | T.ANANTHI | Mother                     | 67  | 100 |                   |     |                           |

**"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.402 DATED.15TH SEP 2022"**

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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 Zonal Office - Trichy on 20th Day of January 2023.

**Permanent Exclusion Details**

| Insured Name | ID Card | Permanent Exclusion Disease |
|--------------|---------|-----------------------------|
|--------------|---------|-----------------------------|

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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

**Policy No** : P/121200/01/2023/011596 **Type Of Policy** : Individual  
**Issue Office** : 121200 - Zonal Office - Trichy  
**Address** : No. 95,"Vaigarai Block", I Floor, St. Paul's  
Complex,  
(Opp. to Head Post Office), Bharathiyar  
Salai,Trichy -620001  
**Toll Free No** : 0431-2461324 , 0431-2461325  
**Email** : trichymainbo01@starhealth.in and  
trichymainbo02@starhealth.in

This is to certify that THENAPPAN has paid Rs 21240 (Total Premium In Words : Indian Rupees Twenty-One Thousand Two Hundred Forty Only ) towards Premium for Hospitalization Insurance vide Policy No: P/121200/01/2023/011596 for the Period 08-FEB-23 To 07-FEB-24 issued on 20-JAN-23 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1016012983

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.

Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered by : PREMIA

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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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## TAX Invoice

|  |  |
|--|--|
| Invoice No. : 33J016Y23P001313   | Customer ID : AA0010914534   |
| Invoice Date : 20/01/23  | Policy No : P/121200/01/2023/011596  |
| Recipient  | Supplier   |
| GSTIN : -  | GSTIN : 33AAJCS4517L1Z5  |
| Proposer's Name : THENAPPAN  | NAME : Star Health and Allied Insurance Co Ltd - Zonal Office - Trichy   |
| Address : W/O THIYAGARAJAN, NO:6 1st FLOOR, 5th CROSS PRAKASH NAGAR, MALAIKOVIL, THIRUVERAMBUR(TP) | Address : No. 95,"Vaigarai Block", I Floor, St. Paul's Complex, (Opp. to Head Post Office), Bharathiyar Salai,Trichy -620001 |
| City :   | City : TRICHY  |
| State : Tamil Nadu   | State : Tamil Nadu   |
| Pincode : 620013   | Pincode : 620001   |
| Client Category : IND  | Place of Supply : 33 - Tamil Nadu  |

| HSN / SAC Code | Description of Service(s) | Total<br>A | Discount<br>B | TaxableValue<br>C = A - B | IGST @ 18%<br>D = C * IGST | CGST @9%<br>E = C *CGST | UT/SGST@9%<br>F = C *UTGST or SGST | CESS@1%<br>G=C*Cess | Total InvoiceValue<br>H=C+D+E+F+G |
|----------------|---------------------------|------------|---------------|---------------------------|----------------------------|-------------------------|------------------------------------|---------------------|-----------------------------------|
| 997133         | Insurance Services        | 18000      | 0             | 18000                     |                            | 1620                    | 1620                               |                     | Rs. 21240                         |

Total Invoice Value (in Figures) : Rs. 21240

Total Invoice Value (in Words) : Rupees: Twenty-one thousand two hundred forty 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**

Entered by : PREMIA

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory