

IMPORTANT

To,

07/02/2021

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/121200/01/2021/013455

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.SHAHLIP21265V042021

In consideration of payment of Rs.21240/- towards renewal premium of Policy number: P/121200/01/2020/005971, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/121200/01/2021/013455

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 PRAKASH NAGAR, MALAIKOVIL, THIRUVERAMBUR(TP) Thiruverumbur (TP), Tiruchirappalli, Tamil Nadu -620013	Address	No. 95, "Vaigarai Block", I Floor, St. Paul's Complex, (Opp. to Head Post Office), Bharathiya 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	SH4190
Date of Inception of first policy	08-FEB-2020	Intermediary Code : BA0000060077 Name : MUTHURAMAN V Phone No : /9994903997 E-mail Id : VALATHIRAM@GMAIL.COM	
Renewal Year	First Year		
Collection Number	1016010926		
Collection Date	07/02/2021		
Premium :Rs 18,000 /-	CGST @9% : 1,620/- SGST / UTGST @9% : 1,620/- Stamp Duty :Re 1 /- Total Premium :Rs 21,240 /-		

Total Premium In Words : Rupees Twenty One Thousand Two Hundred Forty Only

Period Of Insurance From : 08/02/2021 00:00 Hrs To : Midnight Of 07/02/2022

Policy Type : Individual

Installment Facility Optn :No	Premium Payment Frequency :Annual	Installment Amount Rs. : 0
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Details of Insured Persons :

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	65	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 U66010TN2005PLC056649

Email ID : info@starhealth.in

Authorised Signatory

Attached to and forming part of Policy No. P/121200/01/2021/013455**Co-Payment:**

For Sum Insured Options Up to Rs.10,00,000/- :-

Copay for PED Claims : 50%

Copay for Non PED Claims : 30% irrespective of sum insured

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 ab initio (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		
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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	65	100			

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.398 DATED.10th November 2021"

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 07th Day of February 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

Authorised Signatory

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

Policy No : P/121200/01/2021/013455 **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), Bharathiyan 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/121200/01/2021/013455 for the Period 08-FEB-21 To 07-FEB-22 issued on 07-FEB-21 .

Payment received by Cheque/Credit/Debit Card vide collection No:1016010926

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

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

Authorised Signatory