

STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (Floater)
UNIQUE ID: SHAHLIP22028V072122

In consideration of payment of Rs.58492/- towards renewal premium of Policy number: P/131212/01/2022/002763, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/131212/01/2023/002876

Customer Code : AA0009960296	GSTIN : 37AAJCS4517L1ZX
Customer Name : Mr.SAREPALLI VENKATA RAMAN	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 12639751	Issuing Office Code : 131212
Proposer's Name : Mr.SAREPALLI VENKATA RAMAN	Issuing Office Name : Branch Office - Machilipatnam
Address : D.NO:15-106, VIDYA NAGAR, NEAR SAI BABA TEMPLE, ELURU, WEST GODAVARI (D) - 534006. Eluru, West Godavari, Andhra Pradesh - 534006	Address : D.No.21/222, 1st floor, Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam -521001
Phone No : NA/9491105577/NA	Phone No : 08672-221551
E-mail Id : svrdepr@gmail.com	E-mail Id : machilipatnam@starhealth.in
Proposer GSTIN : -	Place of Supply : Andhra Pradesh / State Code : 37
Proposal date : 04/11/2019	Fulfiller Code : SH34353
Date of Inception of first policy : 04-NOV-2019	Intermediary Code : BA0000186870
Renewal Year : Third Year	Name : Mr.KOGANTI SRK PRASAD
Collection Number : 1069003303	Phone No : /9440894977
Receipt Date : 01/11/2022	E-mail Id : inkoganti@gmail.com
Premium :Rs 49,570 /-	
CGST @9% : 4,461/- SGST / UTGST @9% : 4,461/-	
Stamp Duty :Rs 1/- Total Premium :Rs 58,492 /-	

Total Premium In Words : Rupees Fifty Eight Thousand Four Hundred Ninety Two Only

Premium Payment Frequency : Annual Installment Amount : Rs. 0

Period of Insurance : FROM 04/11/2022 00:00 TO : Midnight Of 03/11/2023

Scheme Description (Family Size) : 2 ADULTS + 2 CHILDREN Basic Floater Sum Insured : Rs. 1000000 /-

Bonus : Rs. 1000000 /-

Sum Insured Under Section 1 (Health) Rs. 1000000 /- Policy Term : 1 Year

Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 1000000 /-

For Mr / Ms. S VENKATA RAMAN Only.

Entered by : PREMIA
Approved by : PORTAL

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

For Star Health and Allied Insurance Company Ltd.



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Attached to and forming part of Policy No : P/131212/01/2023/002876

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Buy Back PED Opted	Pre-Existing Disease/s	Inception Date
1	S VENKATA RAMAN	M	31/08/1964	58	SELF	12639751-1	0	No		04/11/2019
Pre Existing Disease :										
No Pre Existing Disease Declared										
2	K BHARATHI	F	26/12/1973	48	SPOUSE	12639751-2	0	No	No PED declared	04/11/2019
3	S V S SHREYASHE RAMAN	F	23/07/1998	24	DEPENDANT CHILD	12639751-3	0	No	No PED declared	04/11/2019
4	S V S AKHIL RAMAN	M	19/03/2001	21	DEPENDANT CHILD	12639751-4	0	No	No PED declared	04/11/2019

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

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

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No.GSO5/8397/2021 DATED 07-FEB-2022"

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital or
- Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Entered by : PREMIA
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Attached to and forming part of Policy No : P/131212/01/2023/002876

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	K BHARATHI	Spouse	48	100			

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 authorised by and on behalf of the company has set his hand at **Branch Office - Machilipatnam** on **01st Day of November 2022**.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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TAX Invoice

Invoice No. :	37H069Y23P000004	Customer ID :	AA0009960296
Invoice Date :	01/11/22	Policy No :	P/131212/01/2023/002876
Recipient		Supplier	
GSTIN :	-	GSTIN :	37AAJCS4517L1ZX
Proposer's Name :	Mr.SAREPALLI VENKATA RAMAN	NAME :	Star Health and Allied Insurance Co Ltd - Branch Office - Machilipatnam
Address :	D.NO:15-106, VIDYA NAGAR,NEAR SAI BABA TEMPLE, ELURU,WEST GODAVARI (D) - 534006.	Address :	D.No.21/222, 1st floor,Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001
City :		City :	MACHILIPATTNAM
State :	Andhra Pradesh	State :	Andhra Pradesh
Pincode :	534006	Pincode :	521 001
Client Category :	IND	Place of Supply :	37 - Andhra Pradesh

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	49570	0	49570		4461	4461		Rs. 58492

Total Invoice Value (in Figures) : Rs. 58492
Total Invoice Value (in Words) : Rupees: Fifty-eight thousand four hundred ninety-two 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.

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
Aproved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

