

Date: 02-Dec-2023

IMPORTANT

To,

MS.MARIYA SHAJU , D/O SHAJU A T ARIKKADAN HOUSE PULLUR (PO) Mukundapuram,Kerala-**680683** Mobile: NIL/9249874650

Dear Customer,

Re: Health Insurance Policy - 11240542567613

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,

Q Mose

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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.

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Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

Insurance	OLIC	1 SCHEDULE Specialist	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Policy No. :	11240542567613	Previous Policy No	: P/181213/01/2023/016181
Customer Code :	AA0021891807	GSTIN Health	: 32AAJCS4517L1Z7
Customer Name :	MARIYA SHAJU	SAC Code cost & cards	: 997133 / Accident and Health Insurance Services
Proposer Code :	25155717 Health Insurance	Issuing Office Code	: 181213: a Carine Insurance
Proposer Name :	MS.MARIYA SHAJU	Issuing Office Name	: Branch Office - Trichur
Proposer Address:	D/O SHAJU A T ARIKKADAN HOUSE PULLUR (PO) Mukundapuram Kerala 680683	Issuing Office Address	: First Floor, Ambika Arcade M G Road Thrissur Taluk Kerala 680001
Phone No :	NIL/9249874650	Phone No	: 0487-2325211
E-mail Id	kkantony2012@gmail.com	E-mail Id	: thrichur@starhealth.in
Proposer GSTIN :	NO	Place of Supply	: Kerala
Proposal date :	28-Oct-2010 Health Insurance	Fulfiller Code	: SH6419 Personal a Carina Health
Date of Inception: of first policy	Specialist	A STAR Health Insurance Insurance Insurance	The insurance of the in
Policy Category :	The state of the s	Intermediary	: BA0000061299
Collection No :	181213/RV/2024/0084223650	Code	Health Insurance The Health Insurance The Health Insurance
Collection Date :	24-Nov-2023	Health Insurance Personal & Carins Specialist The Health Insu	A FEE Health
Premium :	Rs. 10,023/-	Name	: ANTONY K K
CGST @ 9%	Rs. 902/-	Phone No	:0480- 2820654/9249874650
SGST @ 9%	Rs. 902/	E-mail Id	: kkantony2012@gmail.c
Total Premium	Rs. 11,827/_alth	A -= = = want	Petronal & Carine Insurance The Results The Results
Stamp Duty Health :	Re. 1/- noe Specialist	Personal & Curing Insurance	Health Health
Total Premium In	Words : Rupees Eleven thou seven only	sand eight hundred twen	Health Insurance Specifillist
PERIOD OF INSURA	NCE : From : 01-Dec-2023 00	:00 To: Midnight Of 3	Policy Term :1 Year
Installment Facility	Option: No Premium Payment	Frequency: Annual I	nstallment Amount Rs. : 0/-
Scheme Description	(Family Size):2A+1C	Basic Floater Sum Ins	ured :Rs. 3,00,000/-
Bonus : Rs. 75,00	0/- Limit of Coverage:	Rs. 3,75,000/- Recha	rge Benefit: Rs. 75,000/-

Entered by : SH19061 Approved by : SH19061 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: 11240542567613

Details of Insured Persons:

SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	MARIYA SHAJU	Female	14-Dec-1994	28	Self Self	1345940-3	28-Oct-2010
Pre E	xisting Disease : No PED D	eclared	ATAR Health	in the f	ealth Insurance Specialist	A =	personal & Carl
2	ANTONY J CHETTUPUZHA	Male	10-Feb-1995	28	Spouse	25155717-1	26-Nov-2022
Pre E	xisting Disease : No PED D	eclared	1	yealth	Personal & Caring Insurance	The fireth the	V ETA
rance 3	SARAH MARIYAM ANTONY	Female	04-Jan-2023	Jaliat 0	Daughter	ME0442245060	26-Nov-2023
Pre E	xisting Disease: No PED D	eclared	The re-		Health Insurance	The Health Insurance Speci	A -

Nominee Details:

	Nominee Det	ails for the Prop	pose	Appo	intee Details	1	
S.No	Name Production	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee
Health Insurance	LIGI MOL	Spouse	52	100	al a cartos Insurance The Health Insurance		Health Health

Sector Classification:

	Insurance	The Harman		personal & Contributed		
Urban	Perconal Co Specialist The Health Insura	A	Health Insurance	The Health Insurance	A = E Health	1
a Carina			and a second		The second second	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P

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).

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 / 1800 102 4477 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 - Trichur on 02nd Day of December 2023.

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Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11240542567613

Name Health Insurance	The Health PDOB	Gender	Customer id
SARAH MARIYAM ANTONY	04-Jan-2023	Female	ME0442245060

Valid From: 01-Dec-2023 Age

Agent/Broker/TE Code: BA0000061299

Office Code: 181213

TA/SSM/SM Code: SH6419

IRDAI Regn.No:129

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

e-mail: support@starhealth.in Website: 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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Tax Invoice



Invoice No.	322312I000951	.432	A	Customer I	D :	AA0021891807	e realth in the line		
Invoice Date	01-Dec-2023	************************************	STA	Policy No.	Healthali	1124054256761	L3		
	Recipient	:	1	Supplier					
GSTIN	Halth Personal	rance Specialler		GSTIN		32AAJCS4517L1	Z7		
Name Personal & Carine In the Health Insurance Sp.	MARIYA SHAJU		Personal	Name of an area of a second se	The Ho	Star Health and Branch Office -	Allied Insurance Co Ltd -		
Address : D/O SHAJU A T			The Health	Address	1	First Floor, Amb	ika Arcade and Specialist		
Personal & Curi	ARIKKADAN HO	USE	_/_=	Health Health		M G Road	15		
ance The Health Insulation	PULLUR (PO)			It surance Specialist			Health Insurance The Health		
City	Mukundapuram Health Innulance The ID	Pin Code :	680683	City Health	5	Thrissur Taluk	Pin Code : 680001		
State	Kerala	Client : Category	IND	State Proclates	:	Kerala	Place of : Kerala		

		Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G= C * Cess	H = C + D + E+ F + G
997133	Insurance Services	10,023.00	0	10,023.00	He On	902.00	gurance \$ 902.00	0	11,827.00

Total Invoice Value (in Figures) Rs. 11,827/-

Total Invoice Value (in Words) : Rupees Eleven thousand eight hundred twenty seven 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 Email ID: stargst@starhealth.in Corporate Identity Number L66010TN2005PLC056649

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