

Date : 02-Dec-2023

To, **IMPORTANT**

MS.MARIYA SHAJU , D/O SHAJU A T ARIKKADAN HOUSE PULLUR (PO)

Mukundapuram,Kerala-**680683** Mobile : NIL/9249874650

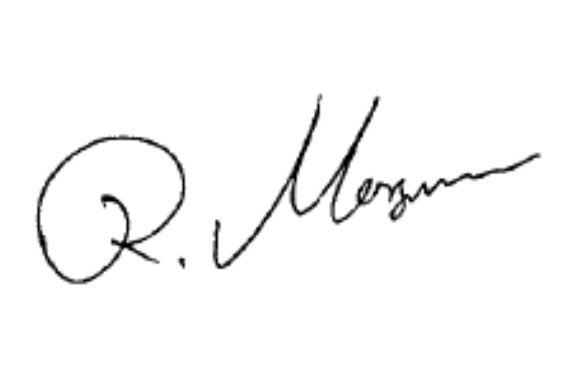
Dear Customer,

**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,

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.

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Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email [:support@starhealth.in](mailto:support@starhealth.in) Website [:www.starhealth.in](http://www.starhealth.in/) IRDAI Regn.no: 129

**Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223**

**POLICY SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy No. : 11240542567613** | | **Previous Policy No : P/181213/01/2023/016181** | |
| Customer Code : AA0021891807 | | GSTIN : 32AAJCS4517L1Z7 | |
| Customer Name : MARIYA SHAJU | | SAC Code : 997133 / Accident and Health Insurance Services | |
| Proposer Code : 25155717 | | Issuing Office Code : 181213 | |
| 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](mailto:kkantony2012@gmail.com) | | E-mail Id : [thrichur@starhealth.in](mailto:thrichur@starhealth.in) | |
| Proposer GSTIN : NO | | Place of Supply : Kerala | |
| Proposal date : 28-Oct-2010 | | Fulfiller Code : SH6419 | |
| Date of Inception : 28-Oct-2010 | |  | |
| of first policy | |  | |
| Policy Category : Thirteenth Year | | **Intermediary : BA0000061299** | |
| Collection No : 181213/RV/2024/0084223650 | |
| **Code** | |
| Collection Date : 24-Nov-2023 | |  | |
| 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**](mailto:kkantony2012@gmail.c) | |
| Total Premium : Rs. 11,827/- | | **om** | |
| Stamp Duty : Re. 1/- | |  | |
| **Total Premium In Words : Rupees Eleven thousand eight hundred twenty**  **seven only** | | | |
| **PERIOD OF INSURANCE : From :** 01-Dec-2023 00:00 **To :** Midnight Of 30-Nov-2024 | | | **Policy Term :**1 Year |
| **Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-** | | | |
| **Scheme Description (Family Size) :**2A+1C | | **Basic Floater Sum Insured :**Rs. 3,00,000/- | |
| **Bonus :** Rs. 75,000/- **Limit of Coverage :** | Rs. 3,75,000/- **Recharge Benefit :** Rs. 75,000/- | | |

Entered by Approved by

: SH19061

: SH19061

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649 Email ID:** [**info@starhealth.in**](mailto:info@starhealth.in)

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**Attached to and forming part of Policy No: 11240542567613**

**Details of Insured Persons :**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **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 | 1345940-3 | 28-Oct-2010 |
| **Pre Existing Disease :** No PED Declared | | | | | | | |
| 2 | ANTONY J CHETTUPUZHA | Male | 10-Feb-1995 | 28 | Spouse | 25155717-1 | 26-Nov-2022 |
| **Pre Existing Disease :** No PED Declared | | | | | | | |
| 3 | SARAH MARIYAM ANTONY | Female | 04-Jan-2023 | 0 | Daughter | ME0442245060 | 26-Nov-2023 |
| **Pre Existing Disease :** 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 | LIGI MOL | Spouse | 52 | 100 |  |  |  |

**Sector Classification:**

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

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,](mailto: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.

Entered by Approved by

: SH19061

: SH19061

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory Page 3 of 5



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|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Customer id** |
| SARAH MARIYAM ANTONY | 04-Jan-2023 | Female | ME0442245060 |



**Corporate Identity Number : L66010TN2005PLC056649**

***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.**

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

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For Star Health and Allied Insurance Company Ltd.



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**Star Health and Allied Insurance Company Limited**

**Customer Identity Card**

**Policy No :** 11240542567613

**Valid From :** 01-Dec-2023

**Agent/Broker/TE Code :** BA0000061299

**Office Code :** 181213

**TA/SSM/SM Code :** SH6419

**IRDAI Regn.No:129**

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# Tax Invoice



|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Invoice No.**  **Invoice Date** | :  : | 322312I000951432  01-Dec-2023 | | | **Customer ID**  **Policy No.** | :  : | AA0021891807  11240542567613 | | |
| **Recipient** | | | | | **Supplier** | | | | |
| **GSTIN** | : |  | | | **GSTIN** | : | 32AAJCS4517L1Z7 | | |
| **Name**  **Address** | :  : | MARIYA SHAJU  D/O SHAJU A T | | | **Name**  **Address** | :  : | Star Health and Allied Insurance Co Ltd - Branch Office - Trichur  First Floor, Ambika Arcade | | |
|  | | ARIKKADAN HOUSE | | |  | | M G Road | | |
|  | | PULLUR (PO) | | |  | | . | | |
| **City** | : | Mukundapuram | **Pin Code :** | 680683 | **City** | : | Thrissur Taluk | **Pin Code :** | 680001 |
| **State** | : | Kerala | **Client : Category** | IND | **State** | : | Kerala | **Place of : supply** | Kerala |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HSN / SAC**  **Code** | **Description of Service(s)** | **Total** | **Discount** | **Taxable Value** | **IGST @ 18%** | **CGST @ 9%** | **UT/SGST @ 9%** | **CESS @ 1%** | **Total Invoice Value** |
| **A** | **B** | **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 | 0 | 902.00 | 902.00 | 0 | 11,827.00 |

**Total Invoice Value (in Figures) Total Invoice Value (in Words)**

: Rs. 11,827/-

: 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**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID:** [**stargst@starhealth.in**](mailto:stargst@starhealth.in)

Entered by Approved by

: SH19061

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