

IMPORTANT

22-FEB-20

To,

VIGNESH K  
NEW NO 3 OLD NO 30 4 TH STREET , SUBULAKSHMI NAGAR ,  
KORATTUR

Chennai, Thiruvallur, Tamil Nadu - 600076  
Mobile : 9941702183.

Dear Customer,

**Re: Health Insurance Policy - P/111113/01/2020/025306**

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised Signatory

*As a valued policy holder, Star health offers you Wellness benefits under our Star Comprehensive Insurance policy, which will enable you to lead a healthier lifestyle and also avail premium discount. For further details kindly go to our website: [www.starhealth.in](http://www.starhealth.in)*

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.

**STAR COMPREHENSIVE INSURANCE POLICY  
SCHEDULE (INDIVIDUAL)  
UNIQUE ID:SHAHLIP2077V041920**

<b>Policy No.</b> : P/111113/01/2020/025306	<b>Previous Policy No.</b> :
Customer Code : AA0011125216	GSTIN : 33AAJCS4517L1Z5
Customer Name : VIGNESH K	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 13928684	Issuing Office Code : 111113
Proposer's Name : VIGNESH K	Issuing Office Name : Branch Office - T Nagar
Address : NEW NO 3 OLD NO 30 4 TH STREET , SUBULAKSHMI NAGAR , KORATTUR  Chennai,Thiruvallur,Tamil Nadu-600076	Address : New No:55 Old No:27,2nd Floor,Vijayaraghava Road T-Nagar,Chennai 600 017
Phone No : /9941702183/	Phone No : 044-43624767 / 49241850
E-mail Id : vgkvignesh@gmail.com	E-mail Id : chennai.tnagar@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 22/02/2020	Fulfiller Code : SH12319
Date of Inception of first policy : 23/02/2020	Specified Person Code / Name : SP0681361193 / MR.SRIRAM R
Renewal Year : NEW	<b>Intermediary Code : CO0000000160</b>  <b>Name : M/S.CREATING ADVANCED FINANCIAL SOLUTIONS PRIVATE LIMITED</b>  <b>Phone No : 8144488466/8144488466</b>  <b>E-mail Id : sureshkumar@cafs.co.in</b>
Collection Number : 1006025130	
Receipt Date : 22/02/2020	
Premium :Rs 18,700 /- CGST @9% : 1,683/- SGST / UTGST @9% : 1,683/- Stamp Duty :Rs 1 /- Total Premium :Rs 22,066 /-	
<b>Total Premium In Words : Rupees Twenty Two Thousand Sixty Six Only</b>	
<b>Period of Insurance : FROM 23/02/2020 00:00:00 TO : Midnight Of 22/02/2021</b>	

**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	Section 1		Section 10	Buy Back PED Opted	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		
1	VG KRISHNAMURTHY	M	28/07/1959	60	DEPENDANT PARENT	13928684-1	0	500000	0	500000	No	23/02/2020

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

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



Authorised Signatory

Attached to and forming part of Policy No : P/111113/01/2020/025306

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.**

**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

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.55 DATED.07.02.2020"

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	VIGNESH K	Others	31	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - T Nagar** on **22nd Day of February 2020**.

Entered by : STAR\_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/111113/01/2020/025306 **Type Of Policy** : Star Comprehensive Insurance Policy - Individual  
**Issue Office** : 111113 - Branch Office - T Nagar  
**Address** : New No:55 Old No:27,2nd Floor,Vijayaraghava Road  
T-Nagar,Chennai 600 017  
**Toll Free No** : 044-43624767 / 49241850  
**Email** : chennai.tnagar@starhealth.in

This is to certify that VIGNESH K has paid Rs 22066 (Total Premium In Words : Indian Rupees Twenty-Two Thousand Sixty-Six Only ) towards Premium for Hospitalization Insurance vide Policy No: P/111113/01/2020/025306 for the Period 23-FEB-20 To 22-FEB-21 issued on 22-FEB-20 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1006025130

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.

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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

e-mail : 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 hospitalization, kindly submit any **Government approved photo ID Card.**

**Corporate Identity Number: U66010TN2005PLC056649**



**Star Health and Allied Insurance  
Company Limited**

**Customer Identity Card**

**Customer ID No.** : 13928684-1

**Name** : VG KRISHNAMURTHY

**Date Of Birth** : 28-JUL-59 **Age** : 60 Years

**Gender** : Male **Office Code** : 111113

**Valid From** : 23-FEB-20 **TA/SSM/SM Code** : SH12319

**Agent/Broker/TE Code** : CO0000000160

**IRDAI Regn. No:** 129

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**TAX Invoice**



Invoice No. : 33K006Y20P001999	Customer ID : AA0011125216
Invoice Date : 22/02/20	Policy No : P/111113/01/2020/025306
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : VIGNESH K	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - T Nagar
Address : NEW NO 3 OLD NO 30 4 TH STREET , SUBULAKSHMI NAGAR , KORATTUR	Address : New No:55 Old No:27,2nd Floor,Vijayaraghava Road T-Nagar,Chennai 600 017
City : Chennai,Thiruvallur,Tamil Nadu-600076	City : T NAGAR
State : Tamil Nadu	State : Tamil Nadu
Pincode : 600076	Pincode : 600017
Client Category : IND	Place of Supply : 33 - Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	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	18700	0	18700		1683	1683		Rs. 22066

Total Invoice Value (in Figures) : Rs. 22066  
Total Invoice Value (in Words) : Rupees: Twenty-two thousand sixty-six 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 U66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Name Of the Product	Star Comprehensive Insurance Policy
Product UIN No.	SHAHLIP2077V041920

### Summary of Important Benefits

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	
1	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent	Private Single A/c Room									Section 1(A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual									Section 1(B & C)
3	Road Ambulance charges(per policy period)	Actual									Section 1(D)
4	Air Ambulance charges	Up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per policy period									Section 1(E)
5	Pre-Hospitalization Expenses	Up to 60 days prior to admission									Section 1(F)
6	Post-Hospitalization Expenses	Up to 90 days from the date of discharge									Section 1(G)
7	Out Patient Medical Consultation Coverage other than Out Patient Dental/ Ophthal	Up to 1,200/- (per Consultation limit Rs.300/-)	Up to 1,500/- (per consultation limit Rs.300/-)	Up to 2,100/- (per consultation limit Rs.300/-)	Up to 2,400/- (per consultation limit Rs.300/-)	Up to 3,000/- (per consultation limit Rs.300/-)	Up to 3,300/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	Up to 5,000/- (per consultation limit Rs.300/-)	Section 1(H)
8	Domiciliary hospitalization	Coverage for medical treatment for a period exceeding three days									Section 1(I)
9a.	Delivery Charges(Normal Delivery)	15,000/-	25000/-	30000/-	30000/-	30000/-	30000/-	50000/-	50000/-	50000/-	Section 2
9b.	Delivery Charges(Caesarean Delivery)	20000/-	40000/-	50000/-	50000/-	50000/-	50000/-	100000/-	100000/-	100000/-	
10	New Born Cover	100000/-	100000/-	100000/-	100000/-	100000/-	100000/-	200000/-	200000/-	200000/-	
11	Vaccination Expenses for New Born (Subject to a valid claim under 9a or 9b above)	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	10,000/-	10,000/-	10,000/-	Section 2
12	Waiting Period for Delivery	24 months for first delivery from first inception of the policy 24 months from claim under 9a or 9b for next delivery									Special condition no.1- Under Section 2
13	Out-patient Dental and Ophthalmic Treatment Coverage- Once in a block of every 3 years of continuous renewal	Up to 5,000/-	Up to 5,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Section 3
14	Organ Donor Expenses	Payable up to the Basic Sum Insured									Section 4
15	Hospital Cash Benefit upto 7 days per occurrence & upto 120 days per policy period. (1 day time excess)	500/- per day	750/- per day	750/- per day	1000/- per day	1000/- per day	1500/- per day	2500/- per day	2500/- per day	2500/- per day	Section 5
16	Health Check Up for every claim free years of continuous renewal	Up to 2,000/-	Up to 2,500/-	Up to 3,000/-	Up to 4,000/-	Up to 4,500/-	Up to 4,500/-	Up to 5,000/-	Up to 5,000/-	Up to 5,000/-	Section 6
17	Bariatric Surgery(per policy period)	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-	Section 7
18	Second Medical Opinion	The Insured Person is given the facility of obtaining a medical Second Opinion from a Doctor in the Company's network of Medical Practitioners.									Section 8
19	AYUSH Treatment	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 20,000/-	Up to 20,000/-	Up to 30,000/-	Up to 30,000/-	Up to 30,000/-	Section 9
20	Day Care Treatments / Procedures	All Day Care Procedures									Under Important Note. Point No.1
21	Accidental Death and Permanent Total Disablement	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-	50,00,000/-	75,00,000/-	1,00,00,000/-	Section 10
22	Star Wellness Program	Discount in the Renewal premium for healthy life style through wellness activities.									Section 11
23	Buy Back Pre Existing Disease(Optional Cover)	Waiting Period of Pre Existing Disease reduces from 36 months to 12 months									Section 12
24	Automatic Restoration of Sum Insured (Applicable for Section 1 only)	100% (once during policy period)									Condition no.15

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory