

**ACCIDENT TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)  
SCHEDULE**  
**IRDA/NL-HLT/SHAI/P-P/V.I/136/13-14**

<b>Policy No.</b>	: P/121126/02/2023/000513	<b>Previous Policy No.</b>	:
<b>Customer Code</b>	: CB0000066623	<b>Issue Office Code</b>	: 121126 :Branch Office - R S Puram
<b>Customer Name</b>	: M/S.RVS LAND SURVEYORS	<b>GSTIN</b>	: 33AAJCS4517L1Z5
<b>Proposer Code</b>	: 29404947	<b>SAC Code</b>	: 997133/Accident and Health Insurance Services
<b>Proposer Name</b>	: DHARMA		
<b>Address</b>	C/O M/S.RVS LAND SURVEYORS 29 PALANI ILLAM,SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE-641045. Coimbatore,Coimbatore,Tamil Nadu - 641045	<b>Address</b>	: Obli Towers" Milky White Apartments No : 594, Rathnasabapathy Road, (DB Road), RS Puram, Coimbatore - 641002.
<b>Tel/Mobile/E-mail Id</b>	: /9600791477/	<b>Tel/Mobile/E-mail Id</b>	: 0422-4980288 / 4980388 / / rspuram.bo@starhealth.in
<b>Proposer GSTIN</b>	: -	<b>Place of Supply</b>	: -
<b>Fulfiller Code</b>	: SH20663		

**Intermediary Code/Name** : BA0000146179 / Mrs.LAKSHMI V  
**Intermediary Tel/Mobile** : 9843661808/9843661808  
**Intermediary Email** : lakshmiramassociates09@gmail.com

**Period of Insurance** : From 18:06 On 31/05/2022 To Midnight Of 30/05/2023

Collection Number & Date : 1514002034 - 31/05/2022

Gross Premium : 400 /- Stamp Duty : 5 /-

CGST @9% : 36 /- SGST / UGST @9% : 36 /-

Total : 472 /-

Please read condition no:3 carefully.In the event of a claim, immediate information should be sent to us as stated in this condition.Our Toll Free No : 1800 425 2255 Email: support@starhealth.in Fax No: 1800 425 5522.

**Insured Person Details**

Sl.n o.	Name of the Insured	Sex	Date of Birth	Age In Yrs	Relationship with Proposer	Pre-existing Disabilities	PA Cover Sum Insured (Rs.)	Hospitalisation Cover Sl (Rs.)	Workplace Accdnt Endt.	Inception Date
1	DHARMA	M	17/12/1998	23	SELF	NIL	100,000.00	100,000.00	Yes	31/05/2022

**Nominee Details**

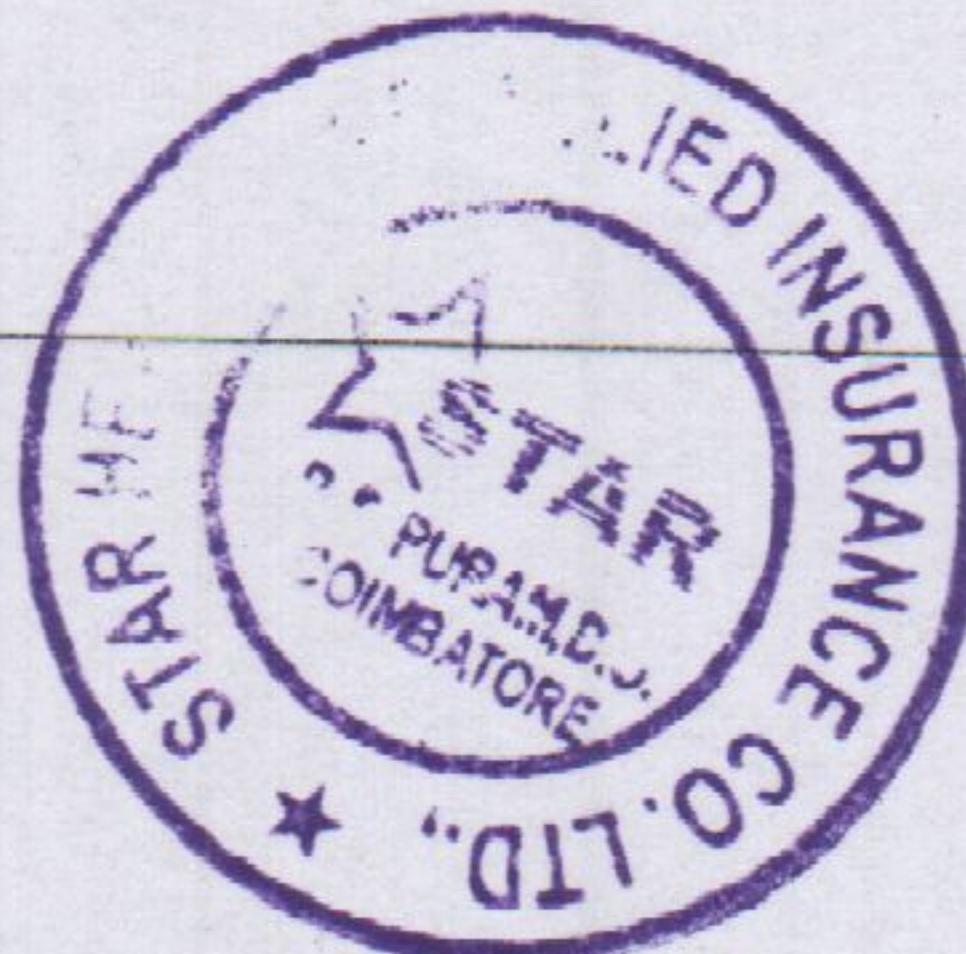
Nominee Details for the proposer					Appointee Details			
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee	
1	DEVI S	Mother	37	100				

Entered by : SH22401

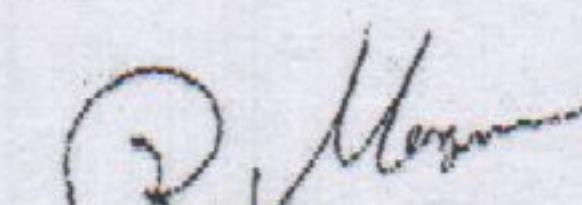
Approved by : SH22401

Place : RS Puram,  
Coimbatore -  
641002.

Date : 31-MAY-22



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



Authorised Signatory

**IRDAI Regn. No 129**  
**Corporate Identity Number L66010TN2005PLC056649**

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 28302300 / 28288800 Toll Free Fax No.: 1800-425-5522  
Toll Free No.:1800-425-2255 / 1800-102-4477, CIN : L66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No: 129

Please see overleaf

1 of 3

Attached to and forming part of Policy No: P/121126/02/2023/000513

**KYC NORMS:** In the event of a claim under the policy exceeding Rs.1 Lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website

Geographical Scope : Within India Only

**Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.**

Please check whether the details given by you about the Insured persons in the Proposal Form and the Medical report findings, if any, are incorporated correctly in the Policy. If you find any discrepancy, please inform us within 7 days from the date of receipt of the policy, failing which the details relating to the Insured persons given in the Policy are deemed to have been accepted by you.

(for persons who have opted "Yes")

**Work Place Accident Endt:**

In consideration of the payment of additional premium this policy extends to cover hospitalisation expenses for treatment of grievous injuries resulting from accidents at workplace.

Total Premium In Words : Indian Rupees Four Hundred Seventy Two Only

**SPECIAL EXCLUSION:** Any claim relating to nuclear, chemical and biological terrorism is excluded from the scope of this policy. Hospital admission intimation to be given within 24 hrs.

STAR value added unique services

Web enabled services for Policy details and health tips  
24\*7 customer care center  
Free General Physician advice

**Sector Classification :**

Urban		
-------	--	--

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)

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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

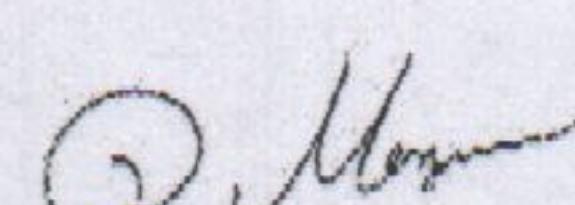
In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at Branch Office - R S Puram on 31st Day of May 2022 .

Entered by : SH22401  
Approved by : SH22401

Place : RS Puram,  
Coimbatore -  
641002.

Date : 31-MAY-22

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



Authorised Signatory

## TAX Invoice



Invoice No.	: 33B514Y23P001258	Customer ID	: CB0000066623
Invoice Date	: 31/05/22	Policy No	: P/121126/02/2023/000513
Recipient			Supplier
GSTIN	: -	GSTIN	: 33AAJCS4517L1Z5
Proposer's Name	: DHARMA	NAME	: Star Health and Allied Insurance Co Ltd - Branch Office - R S Puram
Address	: C/O M/S.RVS LAND SURVEYORS 29 PALANI ILLAM,SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE-641045.	Address	: Obli Towers" Milky White Apartments No : 594, Rathnasabapathy Road, (DB Road), RS Puram, Coimbatore - 641002.
City	: Coimbatore,Coimbatore,Tamil Nadu	City	: R S PURAM
State	: Tamil Nadu	State	: Tamil Nadu
Pincode	: 641045	Pincode	: 641002
Client Category	: CORP	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	400	0	400		36	36		Rs. 472

Total Invoice Value (In Figures) : Rs. 472  
 Total Invoice Value (in Words) : Rupees: Four hundred seventy-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 EmailID: stargst @ starhealth.in

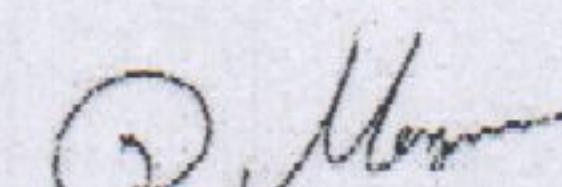
Entered by : SH22401  
 Approved by : SH22401

Place : RS Puram,  
Coimbatore -  
641002.

Date : 31-MAY-22

All the amounts mentioned in this policy are in Indian Rupees

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



Authorised Signatory



# Star Health and Allied Insurance Company Limited



## Star Health and Allied Insurance Company Limited

Branch Office - R S Puram Obli Towers" Milky White Apartments , No : 594, Rathnasabapathy Road, (DB Road), , RS Puram, Coimbatore - 641002. , COIMBATORE , 641002

### Collection Receipt

Customer Code : CB0000066623

Received from : M/S.RVS LAND SURVEYORS

Customer Address : C/O M/S.RVS LAND SURVEYORS

29 PALANI ILLAM,SUNDARAM BROTHERS  
LAYOUT RAMANATHAPURAM,  
COIMBATORE-641045.

Collection No : 11-01/1514002034

Collection Date : 31/05/2022

Office Code : 121126 - Branch Office - R S Puram

Supplier GSTIN : 33AAJCS4517L1Z5

Place of Supply :

State Code :-

Inclusive of tax :

Customer GSTIN : -

Amount Collected : Rs. 1888/-

Amount in words : Indian Rupees One Thousand Eight Hundred Eighty-Eight Only

Towards the Following : PREMIUM RECEIPT FRESH

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt
1	R/121126/02/2023/001427	SH20663	BA0000146179	1888	CSH			

Note : Receipt Subject to realization of Cheque / DD

This is only an evidence of receipt of money by the company  
Risk will commence once the proposal is examined and accepted

For Star Health and Allied Insurance Co. Ltd

Authorised Signatory



IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email id : info@starhealth.in