

Star Health and Allied Insurance Company Limited

IMPORTANT

11/01/2023

To,

K.SUKUMAR, 4G Jade Block, Green Paradise Apartment Rajiv Gandhi Nagar, Sowripalayam, Coimbatore.

Coimbatore, Coimbatore, Tamil Nadu -641028

Mobile: 8508084763.

Dear Customer,

Re: Health Insurance Policy - P/121126/01/2023/010418

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,

D. Moran

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.



Insurance Star Health and Allied Insurance Company Limited

Family Health Optima Insurance Plan SHAHLIP22030V062122

In consideration of payment of Rs.14945 /- towards renewal premium of Policy number: P/121126/01/2022/010755, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No	: P/121126/01/2023/010418
	GSTIN : 33AAJCS4517L1Z5
Customer Code : CB0000112008	
Customer Name : M/S.RVS LAND SURVEYORS	SAC Code : 997133/Accident and Health Insurance Service
Proposer Code : 3306465	Issuing Office Code : 121126
Proposer Name : K.SUKUMAR	Issuing Office Name : Branch Office - R S Puram
Address : 4G Jade Block, Green Paradise Apartment Rajiv Gandhi Nagar, Sowripalayam, Coimbatore. Coimbatore,Coimbatore,Tamil Nadu -	Address : Obli Towers" Milky White Apartments No : 594, Rathnasabapathy Road, (DB Road), RS Puram, Coimbatore - 641002.
641028	Tel/Mobile : 0422-4980288 / 4980388
Tel/Mobile : ./8508084763/. E-mail id : sukuk21@gmail.com	Tel/Mobile : 0422-4980288 / 4980388 E-mail id : rspuram.bo@starhealth.in
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Proposer GSTIN : -	Place of Supply : Tamil Nadu / State Code : 33
Proposal date : 10/01/2013	Fulfiller Code : SH20663
Date of Inception of first policy : 10-JAN-2014	Intermediary Code : BA0000146179
Renewal Year : Ninth Year	meetinediary code Bitoooti4017)
Collection Number & : 1514012307 & 11/01/2023 Date	Name : Mrs.LAKSHMI V
Basic Cover : Rs 12665 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add -on Cover) : Rs 0 /-	Tel/Mobile : 9843661808/9843661808 E-mail id : lakshmiramassociates09@gmail.co
Premium : Rs 12665 /- CGST @9% : Rs 1,140 /- SGST / UTGST @9% : Rs 1,140 /-	m
Total Premium: Rs 14945 /- Stamp Duty: Re 1 /-	
Total Premium In Words : Rupees Fourteen Thousand N	ine Hundred Forty Five Only

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Installment Facility Optn :No Premium Payment Frequency :Annual Installment Amount Rs. : 0

Period of insurance : **From** : 11/01/2023 09:17 **To** : Midnight of 10/01/2024

Basic Floater Sum Insured: 500000

In words: Rupees: Five Lakhs Only

Bonus: Rs. 50000 Limit of Coverage: Rs. 550000 Recharge Benefit: Rs. 150000

Scheme Description: 2ADULT+1CHILD

Details of Insured Persons:

SI. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Card No Pre Existing Disease	
1	K.SUKUMAR	М	21/07/1984	38	SELF	3306465-1	No PED declared	10/01/2014
2	S SANTHIYA	F	19/10/1991	31	SPOUSE	3306465-2	No PED declared	11/01/2022
3	S ADHIRA	F	28/05/2020	2	DEPENDANT CHILD	3306465-3	No PED declared	11/01/2022

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

L66010TN2005PLC056649

Authorised Signatory



Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No. P/121126/01/2023/010418 Nominee Details

	Nominee Details for	or the proposer	Appointee Details					
S.No.	Name	Relationship Age % of with proposer		ne Relationship Age Appointed			Age	Relationship with Nominee
1	P SANTHIYA	Spouse	31	100				

Sector Classification

1			
∐rhan			
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).

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.

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.402 DATED.15TH SEP 2022"

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 authorized by and on behalf of the company has set his hand at Branch Office - R S Puram on 11th Day of January 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA For Star Health
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Health Caring Insurance Star Health and Allied Insurance Company Limited

TAX Invoice



Invoice No.	:	33J514Y23P000480	Customer ID	:	CB0000112008			
Invoice Date	:	11/01/23	Policy No	:	P/121126/01/2023/010418			
Re	cipie	ent		Supplier				
GSTIN	:	-	GSTIN	:	33AAJCS4517L1Z5			
Proposer Name	:	K.SUKUMAR	NAME	:	Star Health and Allied Insurance Co Ltd - Branch Office - R S Puram			
Address	:	4G Jade Block, Green Paradise Apartment Rajiv Gandhi Nagar, Sowripalayam, Coimbatore.	Tel/Mobile	:	Obli Towers" Milky White Apartments No : 594, Rathnasabapathy Road, (DB Road), RS Puram, Coimbatore - 641002.			
City	:		City	:	R S PURAM			
State	:	Tamil Nadu	State	:	Tamil Nadu			
Pincode	:	641028	Pincode	:	641002			
Client Category	:	CORP	Place of Supply		33 - Tamil Nadu			

HSN /			Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
SAC Code	Service(s)	Α	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	12665	0	12665		1140	1140		Rs. 14945

Total Invoice Value (in Figures) : Rs. 14945

Total Invoice Value (in Words) : Rupees: Fourteen thousand nine

hundred forty-five 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

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

Entered By : PREMIA For Star Health and Allied Insurance Company Ltd.

Approved By : PORTAL

Authorised Signatory