

Accident Trauma Care Insurance Policy (Individual) Unique Identification No. IRDA/NL-HLT/SHAI/P-P/V.I/136/13-14 POLICY SCHEDULE

Policy No. : 16240368173200	Previous Policy No :
Customer Code : PI0003873635	GSTIN : 33AAJCS4517L1Z5
Customer Name : AJIN PRASANTH D	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : PI0003873635	Issuing Office Code : 121126
Proposer Name : AJIN PRASANTH D	Issuing Office Name : Branch Office - R S Puram
Proposer Address : C/O RVS LAND SURVEYORS, 29, PALANI ILLAM, SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE, Coimbatore Tamil Nadu 641045	Issuing Office Address : No : 594, Obli Towers, Milky White Apartments Rathnasabapathy Road, (DB Road) RS Puram Coimbatore Tamil Nadu 641002
Phone No : 7339286684	Phone No : 0422-4980288/4980388
E-mail Id : ajinprasanth001@gmail.com	E-mail Id : rspuram.bo@starhealth.in
Proposer GSTIN : NO	Place of Supply : Tamil Nadu
Proposal date : 22-Aug-2023	Fulfiller Code : SH20663
Date of Inception : 22-Aug-2023 of first policy	Intermediary Code : BA0000146179 Name : Mrs.LAKSHMI V Phone No : 9843661808/9843661808 E-mail Id : lakshmiramassociates09@gmail.com
Policy Category : New	
Collection No : 191514006223	
Collection Date : 22-Aug-2023	
Premium : Rs. 400/-	
CGST @ 9% : Rs. 36/-	
SGST @ 9% : Rs. 36/-	
Total Premium : Rs. 472/-	
Stamp Duty : Rs. 10/-	

Total Premium In Words : Rupees Four hundred seventy two only

PERIOD OF INSURANCE : From : 22-Aug-2023 14:57 To : Midnight Of 21-Aug-2024

Insured Person Details

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	PA Cover Sum Insured (Rs.)	Hospitalisation Cover SI (Rs.)	Workplace Accdnt Endt.	Inception date
1	AJIN PRASANTH D	Male	08-Nov-2000	22	Self	1,00,000	1,00,000	Yes	22-Aug-2023

Pre-Existing Disabilities : NIL

Entered by : SH59907
Approved by : SH59907

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in



Authorised Signatory

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Attached to and forming part of Policy No: 16240368173200

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	K DEVANESAN	Father	57	100			

Sector Classification:

Urban		
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"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.244 DATED.2ND JUNE 2023"

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.

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"

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.

Work Place Accident Endt: (for persons who have opted "Yes")

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.

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

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 abinitio (from inception).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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 **22nd Day of August 2023**.

Entered by : SH59907
Approved by : SH59907



Authorised Signatory

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Attached to and forming part of Policy No: 16240368173200

Tax Invoice



Invoice No.	: 3323081008306563	Customer ID	: P10003873635
Invoice Date	: 22-Aug-2023	Policy No.	: 16240368173200
Recipient		Supplier	
GSTIN	:	GSTIN	: 33AAJCS4517L1Z5
Name	: AJIN PRASANTH D	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - R S Puram
Address	: C/O RVS LAND SURVEYORS, 29, PALANI ILLAM, SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE,	Address	: No : 594, Obli Towers, Milky White Apartments Rathnasabapathy Road, (DB Road) RS Puram
City	: Coimbatore	City	: Coimbatore
State	: Tamil Nadu	State	: Tamil Nadu
Pin Code	: 641045	Pin Code	: 641002
Client Category	: IND	Place of supply	: Tamil Nadu

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	400.00	0	400.00	0	36.00	36.00	0	472.00

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

"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

IRDA Regn.No.129 **Corporate Identity Number L66010TN2005PLC056649** **Email ID: stargst@starhealth.in**

Entered by : SH59907
Approved by : SH59907



For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Collection Receipt

Customer Code	: PI0003873635	Collection No	: 191514006223					
Received From	: AJIN PRASANTH D	Collection Date	: 22-Aug-2023					
Customer Address	: C/O RVS LAND SURVEYORS, 29, PALANI ILLAM, SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE, Coimbatore Tamil Nadu 641045	Office Code	: 121126 - Branch Office - R S Puram					
		GSTIN	: 33AAJCS4517L1Z5					
		Place of Supply	: Tamil Nadu					
Customer mobile number	: 733XXXXX84	Type of proposal	: Fresh					
Customer GSTIN	: NO	State Code	: 33					
Amount Collected	: Rs. 472/-							
Amount in words	: INDIAN RUPEES Four hundred seventy two only							
Towards the Following	: Amount Receipted towards Premium							
Sr. No	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected (Rs)	Mode of payment	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt.
1	66240643380 9	SH20663	BA0000146179	472/-	Cash			



For Star Health and Allied Insurance Co. Ltd.

Authorised Signatory

Note : Receipt Subjected 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.

"Available modes of payments of Premium: Cash, Cheque, DD, Net Banking, RTGS/NEFT, Credit Card, Debit Card, UPI, Customer Portal and Star website."