

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

Policy No. : P/121126/02/2023/003090 **Previous Policy No.** :
Customer Code : CB0000066623 **Issue Office Code** : 121126 :Branch Office - R S Puram
Customer Name : M/S.RVS LAND SURVEYORS **GSTIN** : 33AAJCS4517L1Z5
Proposer Code : 32913868 **SAC Code** : 997133/Accident and Health Insurance Services
Proposer Name : J UBHANISHA
Address : C/O M/S.RVS LAND SURVEYORS
29 PALANI ILLAM,SUNDARAM BROTHERS
LAYOUT,RAMANATHAPURAM, COIMBATORE-641045.
Coimbatore,Coimbatore,Tamil Nadu - 641045
Address : Obli Towers" Milky White Apartments
No : 594, Rathnasabapathy Road, (DB Road),
RS Puram, Coimbatore - 641002.
Tel/Mobile/E-mail Id : /7598417780 / / **Tel/Mobile/E-mail Id** : 0422-4980288 / 4980388 / /
rsapuram.bo@starhealth.in
Proposer GSTIN : - **Place of Supply** : -
Fuilller Code : SH20663

Intermediary Code/Name : BA0000146179 / Mrs.LAKSHMI V

Intermediary Tel/Mobile : 9843661808/9843661808

Intermediary Email : lakshmiramassociates09@gmail.com

Period of Insurance : From 21:21 On 14/03/2023 To Midnight Of 13/03/2024

Collection Number & Date : 1514015743 - 14/03/2023

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.)	Hospitalisati on Cover SI (Rs.)	Workplace Accdnt Endt.	Inception Date
1	J UBHANISHA	F	18/12/1997	25	SELF	NIL	100,000.00	100,000.00	Yes	14/03/2023

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	VATHSALA	Mother	56	100			

Entered by : SH59907

Approved by : SH59907

Place : RS Puram,
Coimbatore -
641002.

Date : 15-MAR-23



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

[Signature]

Authorised Signatory

Please see overleaf 1 of 4

IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649

Attached to and forming part of Policy No: P/121126/02/2023/003090

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		
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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)

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.402 DATED.15TH SEP 2022"

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 15th Day of March 2023 .

Entered by : SH59907

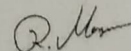
Approved by : SH59907

Place : RS Puram,
Coimbatore -
641002.

Date : 15-MAR-23

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

Please see overleaf

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TAX Invoice

Invoice No. : 33L514Y23P000788	Customer ID : CB0000066623
Invoice Date : 15/03/23	Policy No : P/121126/02/2023/003090
Recipient	Supplier
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : J UBHANISHA	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 A	Discount B	Taxable Value C = A - B	IGST @18% D = C * IGST	CGST@9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	CESS@1% G = C * Cess	Total Invoice Value 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.

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



Entered by : SH59907
Approved by : SH59907

Place : RS Puram,
Coimbatore -
641002.

Date : 15-MAR-23

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

R. Mohan

Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees

Please see overleaf 3 of 4