

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

Policy No. : 16240368194200	Previous Policy No :
Customer Code : PI0003873714	GSTIN : 33AAJCS4517L1Z5
Customer Name : HARI KRISHNAN M	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : PI0003873714	Issuing Office Code : 121126
Proposer Name : HARI KRISHNAN M	Issuing Office Name : Branch Office - R S Puram
Proposer Address : 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 : 9344354733	Phone No : 0422-4980288/4980388
E-mail Id : HARIKRISHNAN1845@GMAIL.CO M	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 : 191514006227	
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 15:12 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	HARI KRISHNAN M	Male	08-Oct-2001	21	Self	1,00,000	1,00,000	Yes	22-Aug-2023

Pre-Existing Disabilities : NIL



Entered by : GE2515
Approved by : GE2515

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: **16240368194200**

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	M MARIYAMMAL	Mother	50	100			

Sector Classification:

Urban

"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 : GE2515
Approved by : GE2515



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Attached to and forming part of Policy No: 16240368194200

Tax Invoice



Invoice No. : 3323081008306779	Customer ID : PI0003873714
Invoice Date : 22-Aug-2023	Policy No. : 16240368194200
Recipient	
Supplier	
GSTIN : 33AAJCS4517L1Z5	GSTIN : 33AAJCS4517L1Z5
Name : HARI KRISHNAN M	Name : Star Health and Allied Insurance Co Ltd - Branch Office - R S Puram
Address : RVS LAND SURVEYORS,29, PALANI ILLAM SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM,COIMBATORE,	Address : No : 594, Obli Towers, Milky White Apartments Rathnasabapathy Road, (DB Road)
City : Coimbatore	City : RS Puram
Pin Code : 641045	Pin Code : 641002
State : Tamil Nadu	State : Tamil Nadu
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



Authorised Signatory

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erred by : GE2515
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Collection Receipt

Customer Code	: PI0003873714	Collection No	: 191514006227
Received From	: HARI KRISHNAN M	Collection Date	: 22-Aug-2023
Customer Address	: RVS LAND SURVEYORS, 29, PALANI ILLAM SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE, Coimbatore Tamil Nadu 641045	Office Code	: 121126 - Branch Office - R S Puram
Customer mobile number	: 934XXXXX33	GSTIN	: 33AAJC54517L1Z5
Customer GSTIN	: NO	Place of Supply	: Tamil Nadu
Amount Collected	: Rs. 472/-	Type of proposal	: Fresh
Amount in words	: INDIAN RUPEES Four hundred seventy two only	State Code	: 33
Towards the Following : Amount Received 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	662406434024	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."