

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

<b>Policy No.</b>	: P/121126/02/2023/000515	<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>	: 29406145	<b>SAC Code</b>	: 997133/Accident and Health Insurance Services
<b>Proposer Name</b>	: KARTHIK		
<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 18:46 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.)	Hospitalisati on Cover SI (Rs.)	Workplace Accdnt Endt.	Inception Date
1	KARTHIK	M	26/01/1999	23	SELF	NIL	100,000.00	100,000.00	Yes	31/05/2022

**Nominee Details**

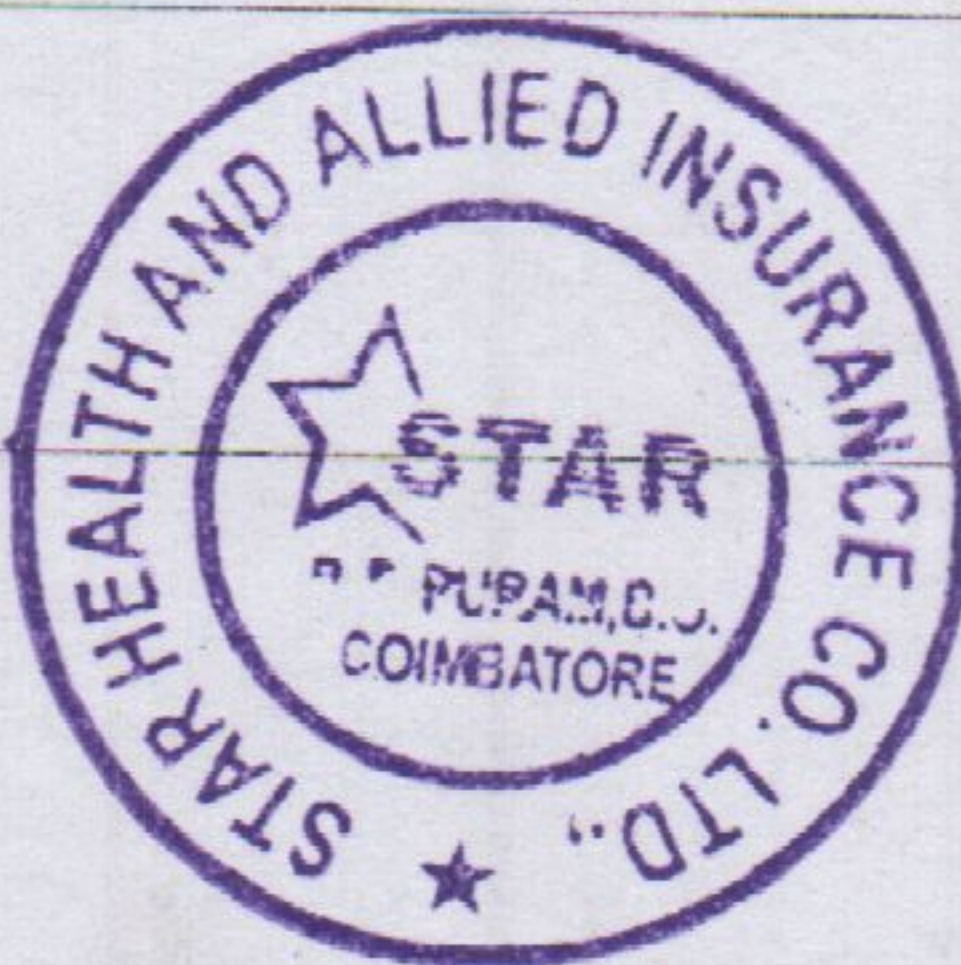
Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	PALANISAMY C	Father	47	100			

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.

*Q. Mon*

Authorised Signatory

**IRDAI Regn. No 129**

**Corporate Identity Number L66010TN2005PLC056649**



Attached to and forming part of Policy No: P/121126/02/2023/000515

**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 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.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.

*Q. M...*

Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees



**TAX Invoice**



Invoice No. : 33B514Y23P001262	Customer ID : CB0000066623
Invoice Date : 31/05/22	Policy No : P/121126/02/2023/000515
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : KARTHIK	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.

**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

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

*[Signature]*

Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees