

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

In Consideration of payment of Rs. 472/- towards renewal premium of policy number: P/121126/02/2023/001537, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No: 16240408736102			
Customer Code : CB0000066623	GSTIN : 33AAJCS4517L1Z5		
Customer Name : RVS LAND SURVEYORS	SAC Code : 997133 / Accident and Health Insurance Services		
Proposer Code : 23938946	Issuing Office Code : 121126		
Proposer Name : P NANDHA GOPAL	Issuing Office Name : Branch Office - R S Puram		
Proposer Address : C/O M/S.RVS LAND SURVEYORS 29 PALANI ILLAM, SUNDARAM BROTHERS LAYOUT, RAMANATHAPURAM, COIMBATORE-641045. 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 : .9600791477	Phone No : 0422-4980288/4980388		
E-mail Id : accounts@rvsls.com	E-mail Id : rspuram.bo@starhealth.in		
Proposer GSTIN : NO	Place of Supply : Tamil Nadu		
Proposal date : 17-Sep-2021	Fulfiller Code : SH20663		
Date of Inception : 17-Sep-2021 of first policy			
Renewal Year : Second Year			
Collection No : 121126/RV/2024/0071860404	Intermediary Code : BA0000259331		
Collection Date : 15-Sep-2023	Name : Mr.S VIVEKANANDAN		
Premium : Rs. 400/-	Phone No : 8056769393/8056769393		
CGST @ 9% : Rs. 36/-	E-mail Id : vvv.vicky140@gmail.com		
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 : 17-Sep-2023 00:00 To : Midnight Of 16-Sep-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	P NANDHA GOPAL	Male	09-Feb-1999	24	Self	1,00,000	1,00,000	Yes	17-Sep-2021

Pre-Existing Disabilities : NIL

Entered by : SH72291

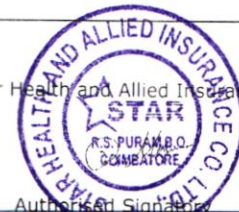
Approved by : SH72291

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.



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Attached to and forming part of Policy No: 16240408736102

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	V PALANISAMY	Father	54	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).

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

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Approved by : SH72291

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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 **16th Day of September 2023**.



Entered by : SH72291
Approved by : SH72291

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory Page 3 of 4

Tax Invoice



Invoice No.	: 332309I008883927	Customer ID	: CB0000066623
Invoice Date	: 15-Sep-2023	Policy No.	: 16240408736102
Recipient		Supplier	
GSTIN	:	GSTIN	: 33AAJCS4517L1Z5
Name	: RVS LAND SURVEYORS	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	: 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	: CORP	Place of supply	: 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	400.00	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 : SH72291
Approved by : SH72291

For Star Health and Allied Insurance Company Ltd.



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Collection Receipt

Customer Code	: CB0000066623	Collection No	: 121126/RV/2024/0071860404					
Received From	: RVS LAND SURVEYORS	Collection Date	: 15-Sep-2023					
Customer Address	: C/O M/S.RVS LAND SURVEYORS 29 PALANI ILLAM,SUNDARAM BROTHERS LAYOUT,RAMANATHAPURAM, COIMBATORE-641045. Coimbatore Tamil Nadu 641045	Office Code	: 121126 - Branch Office - R S Puram					
		GSTIN	: 33AAJCS4517L1Z5					
		Place of Supply	: Tamil Nadu					
Customer mobile number	: ./739XXXXX19	Type of proposal	: Renewal					
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	66240492796 3	SH20663	BA0000259331	472/-	NEFT/RTGS (IDFC)		0912I7316356 511	15-Sep-2023



For Star Health and Allied Insurance Co. Ltd.



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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."