

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

Policy No.	:	16240368185200	Previous Policy No	:
Customer Code	:	PI0003873524	GSTIN	33AAJCS4517L1Z5
Customer Name	:	ESAKKI RAJESH R	SAC Code	: 997133 / Accident and Health Insurance Services
Proposer Code	:	PI0003873524	Issuing Office Code	: 121126
Proposer Name	:	ESAKKI RAJESH R	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	:	8056635318	Phone No	: 0422-4980288/4980388
E-mail Id	:	rsakkirajeshraj@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 of first policy	:	22-Aug-20 2 3		
Policy Category	:	New	Intermediary	: BA0000146179
Collection No	:	191514006221	Code	
Collection Date	:	22-Aug-2023		
Premium	:	Rs. 400/-	Name	: Mrs.LAKSHMI V
CGST @ 9%	:	Rs. 36/-	Phone No	:9843661808/984366180 8
SGST @ 9%	:	Rs. 36/-	E-mail Id	:lakshmiramassociates 09@gmail.com
Total Premium	:	Rs. 472/-		
		Rs. 10/-		

PERIOD OF INSURANCE: From: 22-Aug-2023 14:43 To: Midnight Of 21-Aug-2024

Insured Person Details

SI. 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	ESAKKI RAJESH R	Male	13-Jun-2003	20	Self	1,00,000	1,00,000	Yes	22-Aug-2023

Entered by : SH59907 Approved by : SH59907

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: 16240368185200

Nominee Details:

	Nominee Det	ails for the Prop	ose	Appointee Details			
S.No	Name	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	N RAMAKRISHNAN	Father	48	100			

Sector Classification:

	_
1.1.1	
Urban	
Orban	

"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 incoporated 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 For Star Health and Allied Insurance Company Ltd.

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Attached to and forming part of Policy No: 16240368185200

Tax Invoice



Invoice No.	: 33230810083	: 3323081008306703			PI0003873524				
Invoice Date	: 22-Aug-2023			Policy No.	: 16240368185200				
	Recipie	nt		Supplier					
GSTIN	:			GSTIN	33AAJCS4517L1Z5				
Name	: ESAKKI RAJESH R			Name	Star Health and Allied Insurance Co Ltd - Branch Office - R S Puram				
Address	: C/O RVS LAND	SURVEYORS	,	Address					
	29, PALANI IL BROTHERS LA RAMANATHAP	YOUT,			Rathnasabapa RS Puram	athy Road, (Di	B Road)		
City	: Coimbatore	Pin Code :	641045	City	: Coimbatore	Pin Code	:641002		
State	: Tamil Nadu	Client : Category	IND	State	: Tamil Nadu	Place of supply	: Tamil Nadu		

		Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C *	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 STAR CONSTRUCTION OF FORESTAP HEALTH AND STAR HEALTH HEALTH

h and Allied Insurance Company Ltd.

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Authorised Signatory Page 3 of



			Colle	ection Re	ceipt			
Customer Cod Received Fron Customer Add	1	: C/O RY 29, PA BROTH RAMAN	3873524 (1 RAJESH R VS LAND SURVE LANI ILLAM, SU HERS LAYOUT, NATHAPURAM, BATORE,	YORS, C NDARAM	Collection No Collection Date Office Code GSTIN Place of Suppl	e : 2 : 1 F : 3	191514006221 22-Aug-2023 121126 - Branch Puram 33AAJCS4517L12 Tamil Nadu	
Customer mot	oile	Coimb : 805XX	atore Tamil Nad	<u>u 641045</u> T	ype of propos	sal : F	resh	
number Customer GST		: NO		S	State Code	: 3	3	
Amount Collec	rds	: Rs. 47	N RUPEES Four	nundred sev	venty two only	У		
Towards the F Sr. Propo No Ref.	ollowir osal	ng : Amour Fulfiller Code	nt Receipted tow Intermediary Code	Amount Collected (Rs)	Mode of	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt.
1 662406	43366	SH20663	BA0000146179		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."

Page 1 of 1 Email ID: info@starhealth.in