

Date : 22-Apr-2024

**IMPORTANT**

To,  
KISHORE SHARMA S,  
1/24 Kudi Street, Pudukudi(P.O),  
Melavaladi, Lalgudi (T.K)  
Trichy  
Lalgudi Taluka,Tamil Nadu-**621218**  
Mobile : 80XXXXXX26

Dear Customer,

**Re: Health Insurance Policy - 15630026086302**

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

**Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.**

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised Signatory

*"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit [www.starhealth.in](http://www.starhealth.in) / customer portal login and start your journey with us to Better Health".*

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

**Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.**

Sum Insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.



## Star Comprehensive Insurance Policy (Floater) Unique Identification No. SHAHLIP22028V072122 POLICY SCHEDULE

**In Consideration of payment of Rs. 45,784/- towards renewal premium of policy number:15630026086301, the policy stands renewed for a further period of 1 Year as per the details given below**

Renewal Endorsement No:15630026086302			
Customer Code : PI0000114064		GSTIN : 33AAJCS4517L1Z5	
Customer Name : KISHORE SHARMA S		SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -			
Proposer Code : PI0000114064		Issuing Office Code : 111111	
Proposer Name : KISHORE SHARMA S		Issuing Office Name : Branch Office - Annanagar	
Proposer Address : 1/24 Kudi Street, Pudukudi(P.O), Melavaladi, Lalgudi (T.K) Trichy Lalgudi Taluka Tamil Nadu 621218		Issuing Office Address : Plot No C.39, II avenue II floor, Western wing Anna Nagar Chennai Tamil Nadu 600040	
Phone No : 87XXXXXX26		Phone No : 044-49042700/044-49042704/044-49042705	
E-mail Id : kiXXX.XXXXXXon5@gmail.com		E-mail Id : chennai.annanagar@starhealth.h.in	
Proposer GSTIN : NO		Place of Supply : Tamil Nadu	
Proposal date : 13-Apr-2022		Fulfiller Code : SH61722	
Date of Inception : 14-Apr-2022 of first policy		<b>Intermediary : BA0000439666</b> <b>Code</b> <b>Name : T ANAND</b> <b>Phone No :9841146174/9841146174</b> <b>E-mail Id : anandsaidapet@gmail.com</b>	
Renewal Year : Second Year			
Collection No : 111111/RV/2025/0123355596			
Collection Date : 22-Apr-2024			
Premium : Rs. 38,800/-			
CGST @ 9% : Rs. 3,492/-			
SGST @ 9% : Rs. 3,492/-			
Total Premium : Rs. 45,784/-			
Stamp Duty : Re. 1/-			
<b>Total Premium In Words : Rupees Forty Five thousand seven hundred eighty four only</b>			
<b>PERIOD OF INSURANCE : From : 22-Apr-2024 19:04</b>		<b>To : Midnight Of 21-Apr-2025</b>	
<b>Installment Facility Option:</b> No		<b>Premium Payment Frequency :Annual</b>	
<b>Installment Amount Rs. : 0/-</b>			
Scheme Description (Family Size) : 2A		Basic Floater Sum Insured : Rs. 5,00,000/-	
Bonus : Rs. 5,00,000/-			
Sum Insured Under Section 1 (Health) Rs. 5,00,000/-			
Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 5,00,000/-			
For SUNDARAM B Only.			

Entered by : UBONA  
Approved by : UBONA

IRDAI 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: 15630026086302**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Buy Back PED Opted	Inception date
1	SUNDARAM B	Male	15-05-1967	57	Father	ME0111470011	No	14-Apr-2022
<b>Pre Existing Disease :</b> No PED Declared								
2	ANGUMANI S	Female	25-05-1973	50	Mother	ME0111470012	No	14-Apr-2022
<b>Pre Existing Disease :</b> No PED Declared								

**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	KISHORE SHARMA S	Son	29	100			

**Sector Classification:**

Urban	
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**"G.O.(R.T) NO.451 DATED 31ST DECEMBER 2023"**

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

**IMPORTANT**

**IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.**

**Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522**

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](http://www.starhealth.in)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Annanagar on 22nd Day of April 2024.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Entered by : UBONA  
Approved by : UBONA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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## Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act, 1986

**Policy No** : 15630026086302

**Type of Policy** : Star Comprehensive Revised - 2019

**Issue Office** : 111111-Branch Office - Annanagar

**Address** : Plot No C.39, II avenue  
II floor, Western wing  
Anna Nagar  
Chennai Tamil Nadu 600040

**Tel / Fax** : 044-49042700/044-49042704/044-49042705

**Email** : chennai.annanagar@starhealth.in

This is to certify that KISHORE SHARMA S has paid Rs 45,784/- (Total Premium : Indian Rupees Forty Five thousand seven hundred eighty four only ) towards Premium for Hospitalization Insurance vide Policy No: 15630026086302 for the Period 22-Apr-2024 To 21-Apr-2025 issued on 22-Apr-2024.

Payment received by Payment Gateway vide Receipt No: 111111/RV/2025/0123355596/1 Receipt  
Date: 22-Apr-2024

**Note :-** This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

**Date** : 22-Apr-2024

**For and on behalf of**

**Place** : Branch Office - Annanagar

**Star Health and Allied Insurance Company Ltd.**

**IRDA Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Authorised Signatory**

**Email ID: info@starhealth.in**

Entered by : UBONA  
Approved by : UBONA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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## Tax Invoice

<b>Invoice No.</b>	: 332404I014913473	<b>Customer ID</b>	: PI0000114064
<b>Invoice Date</b>	: 22-Apr-2024	<b>Policy No.</b>	: 15630026086302
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b>	:	<b>GSTIN</b>	: 33AAJCS4517L1Z5
<b>Name</b>	: KISHORE SHARMA S	<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Branch Office - Annanagar
<b>Address</b>	: 1/24 Kudi Street, Pudukudi(P.O), Melavaladi, Lalgudi (T.K) Trichy	<b>Address</b>	: Plot No C.39, II avenue II floor, Western wing Anna Nagar
<b>City</b>	: Lalgudi Taluka	<b>City</b>	: Chennai
<b>State</b>	: Tamil Nadu	<b>State</b>	: Tamil Nadu
	<b>Pin Code</b> : 621218		<b>Pin Code</b> : 600040
	<b>Client Category</b> : IND		<b>Place of supply</b> : 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	38,800.00	0	38,800.00	0	3,492.00	3,492.00	0	45,784.00

**Total Invoice Value (in Figures)** : Rs. 45,784/-

**Total Invoice Value (in Words)** : Rupees Forty Five thousand seven hundred eighty four 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

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID: stargst@starhealth.in**

Entered by : UBONA  
Approved by : UBONA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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