

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd. Unique Identification No. **SHAHLIP22027V032122** Certificate of Insurance

Certificate No : 11240553170900	Previous Certificate No :
Customer Code : PI0004639083	GSTIN : 33AAJCS4517L1Z5
Customer Name : KANDASAMY SATHYARAJ	SAC Code : 997133 / Accident and Health Insurance Services
Proposer Code : PI0004639083	Issuing Office Code : 111116
Proposer Name : KANDASAMY SATHYARAJ	Issuing Office Name : Branch Office - Kodambakkam
Proposer Address : NO 2 183 THOTAM NEELAMALAKOTTAI NEELAMALAKOTTAI DINDIGUL Oddanchatram Taluka Tamil Nadu 624619	Issuing Office Address : No.36 Kalpalathika Towers 1st Floor Dr. Ambedkar Road, Kodambakkam Chennai Tamil Nadu 600024
Phone No : 7904538145	Phone No : 044-49064103/044-49064104/044-49064105
E-mail Id : sathyarajktsamy@gmail.com	E-mail Id : chennai.kodambakkam@starhealth.in
Proposer GSTIN : NO	Place of Supply : Tamil Nadu
Proposal date : 07-Dec-2023	Fulfiller Code : SH68103
Date of Inception of first policy : 07-Dec-2023	Intermediary : BA0000469109 Code Name : A SARA BINU Phone No : 8939268910/8939268910 E-mail Id : binuarun2003@gmail.com
Policy Category : New	
Collection No : 111116/RV/2024/0085442384	
Collection Date : 07-Dec-2023	
Premium : Rs. 20,280/-	
CGST @ 9% : Rs. 1,825/-	
SGST @ 9% : Rs. 1,825/-	
Total Premium : Rs. 23,930/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty three thousand nine hundred thirty only	
PERIOD OF INSURANCE : From : 07-Dec-2023 16:49 To : Midnight Of 06-Dec-2024	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-	

Details of Insured Persons :

Sl. no	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Bonus Rs	ID Card No	Inception Date
1	BACKIYAM KANDASAMY .	Female	24-Jun-1972	51	Mother	5,00,000	0	ME0442272664	07-Dec-2023
Pre Existing Disease : No PED Declared									

Entered by : STAR_PORTAL

Approved by : SH48851

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 certificate No. 11240553170900

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	BACKIYAM KANDASAMY	Mother	51	100			

Sector Classification:

Urban		Urban
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"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.244 DATED.2ND JUNE 2023"

For detailed coverage, terms & Conditions and exclusions, kindly visit website : www.starhealth.in

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 Email: support@starhealth.in, Fax No: 1800 425 5522.

Entered by : STAR_PORTAL
Approved by : SH48851

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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