

Date: 07-Dec-2022

To, <u>IMPORTANT</u>

Mr. N.S.PRATHEEP KUMAR , NO.8-10/5,SINDHUNATHI STREET,MAHATHMA GANDHI NAGAR, MADURAI,

Madurai South, Tamil Nadu-625014

Mobile: 9884616569

Dear Customer,

## Re: Health Insurance Policy - 11230217961602

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,

D. Moran

Authorised Signatory

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.



# Family Health Optima Insurance Plan Unique Identification No. SHAHLIP22030V062122

In Consideration of payment of Rs. 14,102/- towards renewal premium of <u>policy</u> <u>number:P/700001/01/2022/032740</u>, the policy stands renewed for a further period of 1 Year as per the details given below

	Panawal Endorsomen	t No:11230217961602							
Customer Code :			: 33AAJCS4517L1Z5						
	Mr. N.S.PRATHEEP KUMAR	SAC Code	: 997133 / Accident and Health Insurance Services						
Proposer Code :	17758716	Issuing Office Code	: 700001						
-	Mr. N.S.PRATHEEP KUMAR	Issuing Office Name	: CHENNAI - TELESALES						
•	NO.8-10/5,SINDHUNATHI STREET,MAHATHMA GANDHI NAGAR, MADURAI,		<ul><li>No.289,2nd &amp; 3rd Floor,</li><li>West Sivan Koil Street</li><li>Vadapalani,</li><li>Chennai Tamil Nadu 600026</li></ul>						
Phone No :	9884616569	Phone No	: 044-42277568/044-42277567						
E-mail Id :	pratheep.kumar@gmail.com	E-mail Id	: telesupport@starhealth.in						
Proposer GSTIN :	NO	Place of Supply	: Tamil Nadu						
	15-Sep-2020	Fulfiller Code	: SO700001						
Date of Inception: of first policy	15-Sep-2020								
Renewal Year :	2								
Collection No :	181137054233								
Collection Date :	07-Dec-2022								
Premium :	Rs. 11,950/-	Name	: Office Direct						
CGST @ 9% :	Rs. 1,076/-	Phone No	:044-42277568/044- 42277567						
SGST @ 9% :	Rs. 1,076/-	E-mail Id	:telesupport@starhealt h.in						
Total Premium :	Rs. 14,102/-		·-						
Stamp Duty :	Re. 1/-								
<b>Total Premium In</b>	<b>Words: Rupees Fourteen thousa</b>	and one hundred two	only						
PERIOD OF INSURANCE : From : 07-Dec-2022 00:00 To: Midnight Of 06-Dec-2023									
Installment Facility Option: No Premium Payment Frequency: Annual Installment Amount Rs.: 0/-									
<b>Basic Floater Sun</b>	<b>Insured</b> : Rs. 5,00,000/-	<b>Scheme Description</b>	:2A+1C						
In Words: Rupees Five lakhs only									
<b>Bonus :</b> Rs. 1,75,000/- <b>Limit of Coverage :</b> Rs. 6,75,000/- <b>Recharge Benefit :</b> Rs. 1,50,000/-									

Entered by : CUSTPORTAL Approved by : PORTAL

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Q. Mose

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# Attached to and forming part of Policy No: 11230217961602

#### **Details of Insured Persons:**

SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date		
1	Mr. N.S.PRATHEEP KUMAR	Male	19-Sep-1979	43	Self	17758716-1	15-Sep-2020		
Pre Existing Disease : No PED Declared									
2	Mrs. J.GPRIYADHARSHINI	Female	06-Feb-1988	34	Spouse	17758716-2	15-Sep-2020		
Pre Existing Disease : No PED Declared									
3	Miss. N.P.TEJASHWINI	Female	04-Sep-2012	10	Daughter	17758716-3	15-Sep-2020		
Pre Existing Disease : No PED Declared									

### **Nominee Details:**

Nominee Details for the Proposer					Appointee Details				
S.No	Name	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee		
1	J G PRIYADHARSHIN I	Spouse	34	100					

### **Sector Classification:**

Urban	No	

# "CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.402 DATED.15TH SEP 2022"

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at CHENNAI - TELESALES on 07th Day of December 2022.

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Q. Mose

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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 : 11230217961602 Type of Policy : Family Health Optima Insurance

Plan - 2021

Issue Office: 700001-CHENNAI - TELESALES

Address : No.289,2nd & 3rd Floor,

West Sivan Koil Street

Vadapalani,

Chennai Tamil Nadu 600026

**Tel / Fax** : 044-42277568/044-42277567

**Email** : telesupport@starhealth.in

This is to certify that Mr. N.S.PRATHEEP KUMAR has paid Rs 14,102/- (Total Premium: Indian Rupees Fourteen thousand one hundred two only) towards Premium for Hospitalization Insurance vide Policy No: 11230217961602 for the Period 07-Dec-2022 To 06-Dec-2023 issued on 07-Dec-2022.

Payment received by Payment Gateway vide Receipt No: 181137054233/1 Receipt Date: 07-Dec-2022

**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: 07-Dec-2022 For and on behalf of

Place : CHENNAI - TELESALES Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Approved by : PORTAL

Corporate Identity Number L66010TN2005PLC056649 Autho

**Authorised Signatory** 

Q Mosm

Email ID: info@starhealth.in

Entered by : CUSTPORTAL For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Q. Mozu

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# Tax Invoice



Invoice No.	: 332212I004039	286		Customer ID	:	17758716			
Invoice Date	: 07-Dec-2022			Policy No.	:	11230217961602			
	Supplier								
GSTIN :				GSTIN	:	33AAJCS4517L1Z5			
Name	: Mr. N.S.PRATHE	EP KUMAR		Name	- 1	Star Health and Allied Insurance Co Ltd - CHENNAI - TELESALES			
Address	: NO.8-10/5,SINI STREET,MAHAT MADURAI,	Address		No.289,2nd & 3rd Floor, West Sivan Koil Street Vadapalani,					
City	: Madurai South	Pin Code :	625014	City		Chennai	Pin Code	: 6	500026
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 @ 1%	Total Invoice Value
HSN / SAC Code	Description of Service(s)	A	В	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G= C * Cess	H = C + D + E+ F + G
997133	Insurance Services	11,950.00	0	11,950.00	0	1,076.00	1,076.00	0	14,102.00

**Total Invoice Value (in Figures)** : Rs. 14,102/-

**Total Invoice Value (in Words)** : Rupees Fourteen thousand one hundred 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

Entered by : CUSTPORTAL

Approved by : PORTAL

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

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Q. Mozu

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