

Date : 09-Sep-2024

IMPORTANT

To,

MR.NANDIGAM PHANI RAGHAVENDRA ,
VIJAYA NAGAR CAMP, KALMALA
RAICHUR

Raichur Taluk,Karnataka-**584136**
Mobile :

Dear Customer,

Re: Health Insurance Policy - 11240397288903

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

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 Health Assure Insurance Policy
Unique Identification No. SHAHLIP23131V022223
POLICY SCHEDULE

Policy No. : 11240397288903		Previous Policy No : 11240397288902	
Customer Code : 23789434		GSTIN : 29AAJCS4517L1ZU	
Customer Name : MR.NANDIGAM PHANI		SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : RAGHAVENDRA			
Proposer Code : 23789434		Issuing Office Code : 141225	
Proposer Name : MR.NANDIGAM PHANI RAGHAVENDRA		Issuing Office Name : Branch Office - Raichur	
Proposer Address : VIJAYA NAGAR CAMP, KALMALA RAICHUR Raichur Taluk Karnataka 584136		Issuing Office Address : No:12/10/92/3/11st Floor Lingsugur Road Gandhi Chowk Raichur Taluk Karnataka 584101	
Phone No :		Phone No : 9611103094	
E-mail Id : phaniraghavendra.namdigam@g mail.com		E-mail Id : raichur.bo@starhealth.in	
Proposer GSTIN : NO		Place of Supply : Karnataka	
Proposal date : 08-Sep-2021		Fulfiller Code : SH43070	
Date of Inception : 08-Sep-2021 of first policy		Intermediary Code : BA0000052076 Name : SATEESH B S Phone No :9008312003 E-mail Id : bssateesh@yahoo.co m	
Policy Category : Third Year			
Collection No : 141225/RV/2025/0160145069			
Collection Date : 09-Sep-2024			
Premium : Rs. 8,028/- CGST @ 9% : Rs. 723/- SGST @ 9% : Rs. 723/- Total Premium : Rs. 9,474/- Stamp Duty : Re. 1/-			
Total Premium In Words : Rupees Nine thousand four hundred seventy four only			
PERIOD OF INSURANCE : From : 09-Sep-2024 13:22 Hrs		To : Midnight Of 08-Sep-2025	Policy Term : 1 Year
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/- (inclusive GST)			
Policy Type : INDIVIDUAL			

Details of Insured Persons:

SI No	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relation with Proposer	ID Card No	Sum Insured Rs.	No Claim Bonus	Optional Cover (Deductible)	Deductible	Inception Date
1	MR.NANDIGAM PHANI RAGHAVENDRA	Male	09-Dec-1994	29	Self	237894 34-1	10,00,000	0	No	0	08-Sep-2021
Pre Existing Disease : No PED Declared											

Entered by : CUSTPORTAL
Approved by : SH56181

IRDAI Regn.No.129
Corporate Identity Number L66010TN2005PLC056649
Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Attached to and forming part of Policy No: 11240397288903

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	MR.NANDIGAM SUBBA RAYUDU	Father	60	100			

Sector Classification:

Rural		
-------	--	--

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE CHALLAN NO CR0424003000618891 DT 24.04.2024"

Please check whether the details given by you about the insured person(s) 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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Raichur on 09th Day of September 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.

Tax Invoice



Invoice No.	: 292409I005822386	Customer ID	: 23789434
Invoice Date	: 09-Sep-2024	Policy No.	: 11240397288903
Recipient		Supplier	
GSTIN	:	GSTIN	: 29AAJCS4517L1ZU
Name	: MR.NANDIGAM PHANI RAGHAVENDRA	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Raichur
Address	: VIJAYA NAGAR CAMP, KALMALA RAICHUR	Address	: No:12/10/92/3/11st Floor Lingsugur Road Gandhi Chowk
City	: Raichur Taluk	City	: Raichur Taluk
State	: Karnataka	State	: Karnataka
Pin Code	: 584136	Pin Code	: 584101
Client Category	: IND	Place of supply	: Karnataka

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	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	8,028.00	0	8,028.00	0	723.00	723.00	0	9,474.00

Total Invoice Value (in Figures) : Rs. 9,474/-

Total Invoice Value (in Words) : Rupees Nine thousand four hundred seventy 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 : CUSTPORTAL
Approved by : SH56181

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory