

Date : 05-Aug-2024

To,

**IMPORTANT**

MR NANDIGAM SUBBA RAYUDU ,  
S/o VERARAGHAVALU ,AT VIJAYA NAGAR CAMP, POST KALMALA, Tq & Dst  
RAICHUR

.  
Raichur Taluk,Karnataka-**584136**  
Mobile : 9342713395/9342713395

Dear Customer,

**Re: Health Insurance Policy - 14240348446810**

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**

<b>Policy No.</b> : 14240348446810		<b>Previous Policy No</b> : 14240348446809	
Customer Code : 3690637		GSTIN : 29AAJCS4517L1ZU	
Customer Name : MR NANDIGAM SUBBA RAYUDU		SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -			
Proposer Code : 3690637		Issuing Office Code : 141225	
Proposer Name : MR NANDIGAM SUBBA RAYUDU		Issuing Office Name : Branch Office - Raichur	
Proposer Address : S/o VERARAGHAVALU ,AT VIJAYA NAGAR CAMP, POST KALMALA, Tq & Dst 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 : 9342713395/9342713395		Phone No : 9611103094	
E-mail Id :		E-mail Id : raichur.bo@starhealth.in	
Proposer GSTIN : NO		Place of Supply : Karnataka	
Proposal date : 04-Aug-2014		Fulfiller Code : SH43070	
Date of Inception : 04-Aug-2014 of first policy		<b>Intermediary Code : BA0000052076</b>  <b>Name : SATEESH B S</b>  <b>Phone No :9008312003</b>  <b>E-mail Id : bssateesh@yahoo.com</b>	
Policy Category : Tenth Year			
Collection No : 141225/RV/2025/0152237852			
Collection Date : 03-Aug-2024			
Premium : Rs. 31,395/-  CGST @ 9% : Rs. 2,826/- SGST @ 9% : Rs. 2,826/-  Total Premium : Rs. 37,047/- Stamp Duty : Re. 1/-			
<b>Total Premium In Words : Rupees Thirty Seven thousand forty seven only</b>			
<b>PERIOD OF INSURANCE : From :</b> 04-Aug-2024 00:00 Hrs		<b>To :</b> Midnight Of 03-Aug-2025	<b>Policy Term :</b> 1 Year
<b>Installment Facility Option:</b> No <b>Premium Payment Frequency :</b> Annual <b>Installment Amount Rs. : 0/- (inclusive GST)</b>			
<b>Policy Type :</b> FLOATER		<b>Scheme Description :</b> 2A	
<b>Basic Floater Sum Insured :</b> Rs. 10,00,000/-		<b>Bonus :</b> Rs. 50,000/-	
<b>Sum Insured In Words :</b> Rupees Ten lakhs only			
<b>Optional Cover (Deductible) :</b> No		<b>Deductible :</b> Rs. 0/-	

Entered by : SH56181  
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: 14240348446810****Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	MR NANDIGAM SUBBA RAYUDU	Male	18-May-1964	60	Self	3690637-1	04-Aug-2014
Pre Existing Disease : No PED Declared							
2	MRS N JAYALAKSHMI .	Female	01-Jul-1972	52	Spouse	3690637-2	04-Aug-2014
Pre Existing Disease : 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	MRS N JAYALAKSHMI	Spouse	52	100			

**Sector Classification:**

Rural		
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**"CHALLAN NO IG0923003049515949 DT 30.09.2023 AND ESTAMPING - POLICY STAMPS"**

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 05th Day of August 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 : SH56181  
Approved by : SH56181

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

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# Tax Invoice



<b>Invoice No.</b>	: 292408I005402242	<b>Customer ID</b>	: 3690637
<b>Invoice Date</b>	: 03-Aug-2024	<b>Policy No.</b>	: 14240348446810
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b>	:	<b>GSTIN</b>	: 29AAJCS4517L1ZU
<b>Name</b>	: MR NANDIGAM SUBBA RAYUDU	<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Branch Office - Raichur
<b>Address</b>	: S/o VERARAGHAVALU ,AT VIJAYA NAGAR CAMP, POST KALMALA, Tq & Dst RAICHUR	<b>Address</b>	: No:12/10/92/3/11st Floor  Lingsugur Road Gandhi Chowk
<b>City</b>	: Raichur Taluk	<b>City</b>	: Raichur Taluk
<b>State</b>	: Karnataka	<b>State</b>	: Karnataka
<b>Pin Code</b>	: 584136	<b>Pin Code</b>	: 584101
<b>Client Category</b>	: IND	<b>Place of supply</b>	: 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	31,395.00	0	31,395.00	0	2,826.00	2,826.00	0	37,047.00

**Total Invoice Value (in Figures)** : Rs. 37,047/-  
**Total Invoice Value (in Words)** : Rupees Thirty Seven thousand forty seven 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 : SH56181  
Approved by : SH56181

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory