

Health Province Specific Tro House Comments of the House Comments

RAMYA P ., SARATHY NIVAS 53A-LIG PHASE-2,ANNA NAGAR NEAR NAVALPATTU POLICE STATION,

Tiruchirappalli Town, Tamil Nadu-**620026** Mobile: 8248896059

Dear Customer,

### Re: Health Insurance Policy - 5038112401038225

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.

This is an electronically generated document(Policy Schedule).

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**IMPORTANT** 



# Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 41,877/- towards renewal premium of <u>policy</u> <u>number:P/161130/01/2024/039544</u>, the policy stands renewed for a further period of 2 Years as per the details given below

	Renewal Endorsement	No:5038112401038225	Personal & Caring Insurant
Customer Code :	33542325	GSTIN Personal & Carins Insurance	: 06AAJCS4517L1Z2
Customer Name :	RAMYA P .	SAC Code	: 997133 / Accident and Healt
Cust CKYC No :	30011733516150	A STATE HEAD HEAD INSU	Insurance Services
Proposer Code :	33542325	Issuing Office Code	: 161130
Proposer Name :	RAMYA P	Issuing Office Name	: Branch Office - Gurgaon III
Proposer Address:	SARATHY NIVAS 53A-LIG PHASE- 2,ANNA NAGAR NEAR NAVALPATTU POLICE STATION,	Issuing Office Address	Plot no 412/2, K - I Tower M G Road, Sector -14,
Health Octobral & Co	Tiruchirappalli Town Tamil Nadu 620026	Health Insurance	Gurugram Town Haryana 122001
Phone No :	8248896059 Health Insurance This Health	Phone No	: 0124-4797452
E-mail Id	cseramya06@gmail.com	E-mail Id	: gurgaon3@starhealth.in
Proposer GSTIN :	NO	Place of Supply	: Tamil Nadu
Proposal date :	05-Jun-2023	Fulfiller Code	: SO161130
Date of Inception: of first policy	06-Jun-2023	Personal & caring Insurance	movenso Specifitt
Renewal Year :	First Year	Intermediary \	: LC000000619
Collection No	161130/RV/2026/0225235829	Code Health	personal à Carina   Insurance
Collection Date :	04-Jun-2025	personal & Carine Insurance  Personal & Carine Insurance Specialist	Health Insurance
Premium :	RS. 35,489/-  Personal & Carine   Insurance   Insuranc	Name  Health Incurance Specialist  The Health Incurance Specialist  Health	: M/S.POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED
IGST @ 18% Health Insurance :	Rs. 6,388/-	Phone No	:1800-258- 5970/9971552250
Personal & caring Imaginate Programmer Specialist	A THE RESIDENCE OF THE PARTY OF	E-mail Id Health Indurance Specialist	:star@policybazaar.co m
Total Premium :	Rs. 41,877/- Health Insurance The Health Insurance Opeoin	A .=!	Personal & carries Insurance The Health Insurance The Health Insurance
Stamp Duty	Re. 1/- Personal & Carlos	Health Health	The Health Insuration

PERIOD OF INSURANCE: From: 06-Jun-2025 00:00

To: Midnight Of 05-Jun-2027

Policy Term: 2 Years

Installment Facility Option: No Premium Payment Frequency: Annual Installment Amount Rs.: 0/-

Policy Type: INDIVIDUAL

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Approved by : MP659866 Schedule).

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: 5038112401038225

#### **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	N PARTHASARAT HY	Male	13-Jan-1963	62	Father Manager	335423 25-1	700 Hould be und	2,50,000	No Personal 8	H. On Insurance	06-Jun-2023

### Nominee Details:

	Nominee Det	ails for the Pro	pose	Health President Appointee Details			
S.No	Name	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee
ing in urance	N PARTHASARATHY	Father	60	100 record a Care	Health Insurance Specialist	A SEE	Health Insurance The Health

#### Sector Classification:

EEE Health	The Health District	A	anal & Carling   Military		/ = ==	
Urban		Pealth Issurance	The Health Insurance Spiritual	A -==	Personal & Caring Insurance	The Head

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).

#### **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.

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Gurgaon III on 04th Day of June 2025.

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.

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Schedule).

For Star Health and Allied Insurance Company Ltd

Authorised Signato

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### **Tax Invoice**



Invoice No.	: 062506I005115622	Customer ID :	33542325				
Invoice Date	: 04-Jun-2025	Policy No.	5038112401038225				
17.11.11.11	Recipient	Supplier					
GSTIN	thatth persons  The Health Insurance Speciality	GSTIN	: 06AAJCS4517L1Z2				
Name Personal & Caring	: RAMYA P .	Name ce me H	Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III				
Address	: SARATHY NIVAS 53A-LIG PHASE- 2,ANNA NAGAR NEAR NAVALPATTU POLICE STATION,	Address Health Insurance Insurance Specialist	M G Road, Sector -14,				
City  Acalth Insurance The Health Insurance	: Tiruchirappalli Pin Code : 620026 Town	City Health Insurance	Gurugram Town Pin Code : 122001				
State	: Tamil Nadu Client : IND Category	State :	Haryana Place of Tamil Nadu supply				

	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	35,489.00	0	35,489.00	6,388.00	The He O	surance Specialis.	0	41,877.00

**Total Invoice Value (in Figures)** : Rs. 41,877/-

Total Invoice Value (in Words) : Rupees Forty One thousand eight hundred seventy 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 : MP659866 Approved by : MP659866 This is an electronically generated document(Policy

Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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