

IMPORTANT

07/10/2020

To,

RAMASWAMY M,  
NO:545, CTH ROAD, LAKSHMIPURAM, THIRUNINRAVUR  
TIRUVALLUR

Thirunindravur (TP), Thiruvallur, Tamil Nadu -602024  
Mobile : 7550259619.

Dear Customer,

**Re: Health Insurance Policy - P/111116/01/2021/010133**

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.

**MEDICCLASSIC INSURANCE POLICY (INDIVIDUAL)  
SCHEDULE  
Unique Identification No. SHAHLIP21215V052021**

In consideration of payment of Rs.7826/- towards renewal premium of Policy number: P/111116/01/2020/009535, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/111116/01/2021/010133</b>	
Customer Code : AA0004249304	GSTIN : 33AAJCS4517L1Z5
Customer Name : RAMASWAMY M	SAC Code : 997133/Accident and Health Insurance Services
Proposer Code : 6138494	Issuing Office Code : 111116
Proposer Name : RAMASWAMY M	Issuing Office Name : Branch Office -
Address : NO:545, CTH ROAD, LAKSHMIPURAM, THIRUNINRAVUR TIRUVALLUR  Thirunindravur (TP),Thiruvallur,Tamil Nadu- 602024	Issuing Office Address : Kodambakkam Panna Plaza, New No:137, Old No :73&74, 1st Floor,Arcot Road, Kodambakkam,Chennai - 600 024.
Tel/Mobile : /7550259619/	Tel/Mobile : 044-49064103 / 49064104/ 49064105
E-mail Id : ramaswamy.sathish@gmail.com	E-mail Id : chennai.kodambakkam@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 26/11/2016	Fulfiller Code : SH0350
Date of Inception of first policy : 27-NOV-2016	<b>Intermediary Code : BA0000052984</b>
Renewal Year : Fourth Year	<b>Name : KUMAR M</b>
Collection Number : 1062010248	<b>Tel/Mobile : 04427642674/9843191016</b>
Collection Date : 07/10/2020	<b>E-mail Id : mails3kumar@gmail.com</b>
Premium :Rs 6,632 /- CGST @9% :Rs 597/- SGST / UTGST @9% :Rs 597/- Stamp Duty :Re 1 /- Total Premium:Rs 7826 /-	
<b>Total Premium In Words : Rupees Seven Thousand Eight Hundred Twenty Six Only</b>	
<b>PERIOD OF INSURANCE : FROM : 27/11/2020 00:00</b>	<b>TO : Midnight Of 26/11/2021</b>
<b>Policy Term : 1 Year</b>	

**Details of Insured Persons :**

**No. of Persons Insured: 1**

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumu.Bonus (Rs.)	ID Card No	Pre Existing Disease	Inception Date
1	RAMASWAMY M	M	07/09/1987	33	SELF	500000	85000	6138494-1	No PED declared	27/11/2016

<b>Optional Covers Opted : Gold Plan: Yes</b>	<b>Hospital Cash:No</b>	<b>Patient Care: No</b>
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Entered by : PREMIA  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : support@starhealth.in**

Please see overleaf 2 of 6

Attached to and forming part of Policy No : P/111116/01/2021/010133

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

**Sector Classification :**

Urban		
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**Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522.**

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.

**"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.218 DATED.07th July 2020"**

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	MUTHUKRISHNAN R	Father	63	100			

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Kodambakkam on 07th

Entered by : PREMIA  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 3 of 6

**Attached to and forming part of Policy No :** P/111116/01/2021/010133

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"

Day of October 2020.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 4 of 6

**Hospitalisation Benefit Policy**

**Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986**

**Policy No** : P/111116/01/2021/010133 **Type Of Policy** : Mediclassic Individual Revised  
**Issue Office** : 111116 - Branch Office - Kodambakkam  
**Address** : Panna Plaza, New No:137, Old No :73&74,  
1st Floor,Arcot Road,  
Kodambakkam,Chennai - 600 024.  
**Toll Free No** : 044-49064103 / 49064104/ 49064105  
**Email** : chennai.kodambakkam@starhealth.in

This is to certify that RAMASWAMY M has paid Rs 7826 (Total Premium In Words : Indian Rupees Seven Thousand Eight Hundred Twenty-Six Only ) towards Premium for Hospitalization Insurance vide Policy No: P/111116/01/2021/010133 for the Period 27-NOV-20 To 26-NOV-21 issued on 07-OCT-20 .

Payment received by Cheque/Credit/Debit Card vide collection No:1062010248

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.

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Entered by : PREMIA  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 5 of 6

**TAX Invoice**



Invoice No. : 33G062Y21P000385	Customer ID : AA0004249304
Invoice Date : 07/10/20	Policy No : P/111116/01/2021/010133
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer Name : RAMASWAMY M	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Kodambakkam
Address : NO:545, CTH ROAD, LAKSHMIPURAM, THIRUNINRAVUR TIRUVALLUR	Address : Panna Plaza, New No:137, Old No :73&74, 1st Floor,Arcot Road, Kodambakkam,Chennai - 600 024.
City : Thirunindravur (TP),Thiruvallur,Tamil Nadu-602024	City : KODAMBAKKAM
State : Tamil Nadu	State : Tamil Nadu
Pincode : 602024	Pincode : 600 024
Client Category : IND	Place of Supply : 33 - Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	6632	0	6632		597	597		Rs. 7826 /-

Total Invoice Value (in Figures) : Rs. 7826 /-

Total Invoice Value (in Words) : Rupees: Seven thousand eight hundred twenty-six 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.

**E. & O.E**

This is a digitally signed document and hence no physical signature is required

**IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered by : PREMIA  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 6 of 6