

Date : 11-Nov-2024

IMPORTANT

To,

KARINI SAI SANDEEP.,
S/O K APPARAO, 3-258, BANGARRAJU STREET, MANDAPAM CENTER,
KAKINADA RURAL

Kakinada, Andhra Pradesh-**533005**

Mobile : 97XXXXXX21

Dear Customer,

Re: Health Insurance Policy - 11251289101000

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 30 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorized Signatory

Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022210 POLICY SCHEDULE

Policy No. : 11251289101000	Previous Policy No :
Customer Code : PI0007064377	GSTIN : 37AAJCS4517L1ZX
Customer Name : KARINI SAI SANDEEP.	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : PI0007064377	Issuing Office Code : 131125
Proposer Name : KARINI SAI SANDEEP .	Issuing Office Name : Branch Office -Nellore
Proposer Address : S/O APPARAO,3-258, BANGARRAJU STREET,MANDAPAM CENTER, KAKINADA RURAL Kakinada AP 533005	Issuing Office Address : Star Health and Allied Insurance Company Limited D No 24/385, Arya Towers Ground Floor Opp KIMS Hospitals (BOLLINENI HOSPITAL) SBI BANK Down Stairs Rajagopalapuram, Dargamitta, Nellore-524003 Nellore Mandal Andhra Pradesh 524003
Phone No : 97XXXXXX21	Phone No : 0861-2340990
E-mail Id : SAXXXXXXXXXX10@GMAIL.COM	E-mail Id : nellore@starhealth.in
Proposer GSTIN : NO	Place of Supply : null
Proposal date : 11-Nov-2024	Fulfiller Code : SH64485
Date of Inception : 11-Nov-2024 of first policy	
Policy Category : New	Intermediary Code : BA0000285967
Collection No : 131125/RV/2025/0173620096	Name : RAVIPATI SEKHAR
Collection Date : 11-Nov-2024	Phone No : 9849151941/9849151941
Premium : Rs. 24,377/-	E-mail Id : SEKHAR.LIC9@GMAIL.COM
CGST @ 9% : Rs. 2,194/-	
SGST @ 9% : Rs. 2,194/-	
Total Premium : Rs. 28,765/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Eight thousand seven hundred sixty five only	
PERIOD OF INSURANCE: From : 11-Nov-2024 16:30 Hrs To : Midnight Of 10-Nov-2025 Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/- (inclusive GST)	
Policy Type : FLOATER	Scheme Description : 2A
Basic Floater Sum Insured : Rs. 10,00,000/-	Bonus : Rs. 0/-
Sum Insured In Words : Rupees Ten lakhs only	
Optional Cover (Deductible) : No	Deductible : Rs. 0/-

Entered by : CUSTPORTAL

Approved by : PORTAL

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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Star Health And Allied Insurance Company Limited



Attached to and forming part of Policy No: 11251289101000

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	KARINI APPARAO	Male	01-Mar-1973	52	Father	ME0457273565	11-Nov-2024
Pre Existing Disease : No PED Declared							
2	KARINI VENI	Female	08-Feb-1983	42	Mother	ME0457273567	11-Nov-2024
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	KARINI APPARAO	Father	52	100			

Sector Classification:

Urban

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/52024"

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 -Nellore on 11th Day of November 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.

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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 : 11251289101000

Type of Policy : Assure Insurance-2021

Issue Office : 131125-Branch Office -Nellore

Address : Star Health and Allied Insurance Company Limited
D No 24/385, Arya Towers Ground Floor
Opp KIMS Hospitals (BOLLINENI HOSPITAL)
SBI BANK Down Stairs
Rajagopalapuram, Dargamitta, Nellore-524003
Nellore Mandal Andhra Pradesh 524003

Tel / Fax : 0861-2340990

Email : nellore@starhealth.in

This is to certify that KARINI SAI SANDEEP . has paid Rs 28,765/- (Total Premium : Indian Rupees Twenty Eight thousand seven hundred sixty five only) towards Premium for Hospitalization Insurance vide Policy No: 11251289101000 for the Period 11-Nov-2024 To 10-Nov-2025 issued on 11-Nov-2024.

Payment received by Payment Gateway vide Receipt No: 131125/RV/2025/0173620096/1 Receipt
Date: 11-Nov-2024

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 : 11-Nov-2024

Star Health and Allied Insurance Company Ltd.

Place : Branch Office -Nellore

IRDAI Regn.No. 129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

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**Star Health and Allied Insurance
Company Limited
Customer Identity Card**

Policy No : 11251289101000

Name	DOB	Gender	Customer id
KARINI APPARAO .	01-Mar-1973	Male	ME0457273565
KARINI VENI	08-Feb-1983	Female	ME0457273567

Valid From : 11-Nov-2024

Valid Till : 10-Nov-2025

Office Code : 131125

Agent/Broker/TE Code : BA0000285967

TA/SSM/SM Code : SH64485

IRDAI Regn.No:129

Emergency Help Line No.1800 425 2255/1800 102 4477

e-mail : support@starhealth.in Website : www.starhealth.in

Please quote the Customer Id No. for assistance

- This ID Card is invalid, if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation, kindly submit any **Government approved photo ID Card.**

Corporate Identity Number : L66010TN2005PLC056649

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Tax Invoice

Invoice No.	: 3724111002625420	Customer ID	: PI0007064377
Invoice Date	: 11-Nov-2024	Policy No.	: 11251289101000
Recipient		Supplier	
GSTIN	:	GSTIN	: 37AAJCS4517L1ZX
Name	: KARINI SAI SANDEEP.	Name	: Star Health and Allied Insurance Co Ltd -
Address	: S/O APPARAO, 3-258, BANGARRAJU STREET, MANDAPAM CENTER KAKINADA, ANDHRA PRADESH	Address	: Branch Office -Nellore Star Health and Allied Insurance Company Limited D No 24/385, Arya Towers Ground Floor Opp KIMS Hospitals (BOLLINENI HOSPITAL) SBI BANK Down Stairs Rajagopalapuram, Dargamitta, Nellore-524003
City	: Kakinada	City	: Nellore Mandal
State	: Andhra Pradesh	State	: Andhra Pradesh
Pin Code	: 533005	Pin Code	: 524003
Client Category	: IND	Place of supply	: Andhra Pradesh

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	24,377.00	0	24,377.00	0	2,194.00	2,194.00	0	28,765.00

Total Invoice Value (in Figures) : Rs. 28,765/-

Total Invoice Value (in Words) : Rupees Twenty Eight thousand seven hundred sixty five 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

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Name Of the Product	Star Health Assure Insurance Policy
Product UIN No.	SHAHLIP23131V022210

Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)		5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000	
1	Room Category *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.		Up to 1% of Sum Insured per day	Any room (Except suite or above category)				Any room				B. 1
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual									B. 2
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs		Actual									B. 3
4	Day care procedures		All Day Care Procedures are Covered									B. 4
5	Coverage for Non-medical Items (Consumables)		Actual									B. 5
6	Emergency Road Ambulance		Actual									B. 6
7	Air Ambulance		Expenses incurred towards the cost of air ambulance service up to 10% of sum insured per policy year									B. 7
8	Pre-Hospitalization Expenses		Up to 60 days prior to the date of hospitalization									B. 8
9	Post-Hospitalization Expenses		Up to 180 days from the date of discharge from the hospital									B. 9
10	Domiciliary Hospitalization		Coverage for medical treatment (Including AYUSH) for a period exceeding three days									B. 10
11	Organ Donor Expenses		Up to the Sum Insured									B. 11
12	Health Checkup Assure	Individual SI	1,500	2,000	4,000	5,000	5,000	5,000	8,000	8,000	8,000	B. 12
		Floater SI	2,500	5,000	8,000	10,000	10,000	10,000	15,000	15,000	15,000	
13	Home Care Treatment		Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year									B. 13
14	Delivery Expenses		Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up-to 10% of the Sum Insured is payable									B. 14
15	In Utero Fetal Surgery/Intervention		Expenses incurred for list of In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy									B. 15
16	Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)		1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 16
17	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)		2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 17
18	Treatment for Chronic Severe Refractory Asthma		Payable up to 10% of sum insured not exceeding Rs.5 lakhs per policy period									B. 18
19	Compassionate travel		Expenses by air incurred upto Rs.10,000/- for one immediate family member(other than the travel companion) for travel towards the place where hospital is located									B. 19
20	Repatriation of Mortal Remains		Payable up to Rs.15,000/- in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy.									B. 20
21	Treatment in Valuable service providers network		1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump sum									B. 21
22	Shared accommodation		Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in shared accommodation.									B. 22
23	AYUSH Treatment		Payable up to the sum insured.									B. 23
24	Second Medical Opinion		e_medicalopinion@starhealth.in.									B. 24
25	Coverage for Modern Treatment		Upto sum insured									B. 25
26	Cumulative Bonus		The insured person will be eligible for Cumulative bonus calculated at 25% of sum insured for each claim free year and maximum upto 100% of the sum insured									B. 26
27	Automatic Restoration of Sum Insured		The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.									B. 27
28	Rehabilitation and Pain Management		Up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.									B. 28

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29	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.			B. 29
30	Co-payment	10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above			B. 30
31	Optional Cover to choose deductible	Sum Insured	Aggregate Deductible Option	Discount offered	B. 31
		Up to Rs. 20 lakhs	Rs. 50,000/-	45%	
			Rs. 1,00,000/-	55%	
		Above Rs. 20 lakhs	Rs. 50,000/-	35%	
			Rs. 1,00,000/-	50%	

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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