

Star Health Assure Insurance Policy

Unique Identification No. SHAHLIP23131V022223

POLICY SCHEDULE

Policy No. : 11250300179300	Previous Policy No :
Customer Code : PI0005974524	GSTIN : 33AAJCS4517L1Z5
Customer Name : Naveenkumar	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : 60079984465968	
Proposer Code : PI0005974524	Issuing Office Code : 121513
Proposer Name : Naveenkumar	Issuing Office Name : Branch Office - Tiruppur
Proposer Address : S/O.SANTHAKUMAR, A K G COLONY, VELLAMADATHUPATTI,SRIRAMAPU RAM, DINDIGUL Srirampuram Tamil Nadu 624622	Issuing Office Address : No. 696 , Manipal Akashyam 2nd floor,Bank of Baroda Upstairs Palladam Road Tiruppur Tamil Nadu 641604
Phone No : 7550123552	Phone No : 0421- 4242885/4979886/4979885
E-mail Id : snaveenkumar1239@gmail.com	E-mail Id : tirupur@starhealth.in
Proposer GSTIN : NO	Place of Supply : Tamil Nadu
Proposal Date : 10-Jul-2024	Fulfiller Code : SH4341
Date of Inception of first policy : 10-Jul-2024	
Policy Category : New	Intermediary Code : BA0000147704
Collection No : 121513/RV/2025/0144074363	
Collection Date : 10-Jul-2024	Name : M.KALAIVANI
Premium : Rs. 6,942/-	Phone No : 9865406667
CGST @ 9% : Rs. 625/-	E-mail Id : teamsmart08792@gmail.com
SGST @ 9% : Rs. 625/-	
Total Premium : Rs. 8,192/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Eight thousand one hundred ninety two only	
Period of Insurance : From : 10-Jul-2024 13:36 Hrs To : Midnight of 09-Jul-2025	Policy Term : 1 Year
Installment Facility Option : No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-	
(inclusive GST)	
Policy Type : INDIVIDUAL	

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). G.O.(R.T) NO.451 DATED 31ST MAY 2024

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Authorised Signatory

Page 2 of 9

Tax Invoice

Invoice No.	: 3324071016896529	Customer ID	: PI0005974524
Invoice Date	: 10-Jul-2024	Policy No.	: 11250300179300
Recipient		Supplier	
GSTIN	:	GSTIN	: 33AAJCS4517L1Z5
Name	: Naveenkumar	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Tiruppur
Address	: S/O.SANTHAKUMAR, A K G COLONY, VELLAMADATHUPATTI,SRIRAMAPURAM, DINDIGUL	Address	: No. 696 , Manipal Akashyam 2nd floor,Bank of Baroda Upstairs Palladam Road
City	: Srirampuram	City	: Tiruppur
State	: Tamil Nadu	State	: Tamil Nadu
Pin Code	: 624622	Pin Code	: 641604
Client Category	: IND	Place of supply	: Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	6,942.00	0	6,942.00	0	625.00	625.00	0	8,192.00

Total Invoice Value (in Figures) : Rs. 8,192/-

Total Invoice Value (in Words) : Rupees Eight thousand one hundred ninety two 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
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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 7 of 9