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Personal Insurance

Personal

Date: 02-Apr-2025

IMPORTANT

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Mr.DEVAKOTI VENKATARAMANA C-75, VIJAYARAMARAJU COLONY, KOTAVALASA, PARVATHIPURAM

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 94XXXXXX87

Dear Customer,

Re: Health Insurance Policy - 6296112402052323

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.

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Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 29,439/- towards renewal premium of policy number:11250838090501, the policy stands renewed for a further period of 1 Year as per the details given below

Customer Code :	33129771 at a certain 1 mountaine the first limited and specialist	GSTIN Health	: 37AAJCS4517L1ZX
Hoalt	Mr.DEVAKOTI VENKATARAMANA .	The state of the s	: 997133 / Accident and Health
Cust CKYC No :	10025107979420	surance	Insurance Services
Proposer Code :	33129771	Issuing Office Code	: 613031
Proposer Name :	Mr.DEVAKOTI VENKATARAMANA	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address:	C-75, VIJAYARAMARAJU COLONY, KOTAVALASA, PARVATHIPURAM Parvathi Puram Mandal Andhra Pradesh 535501	Issuing Office Address of the Indian	SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM Vizianagaram Mandal Andhra
Phone No	94XXXXXX87	Phone No	Pradesh 535501 : 08963-299997
E-mail Id	DVXXXXXXXXXXX@GMAIL.COM	Health Health	parvathipuram.bo@starhealth
Proposer GSTIN :	Health Health The Health Insurance Specialis	Place of Supply	: Andhra Pradesh
Proposal date :	03-Apr-2023	Fulfiller Code	: SH71532
Date of Inception: of first policy	03-Apr-2023	Tonlin insurance epicerini	Health Province To Health Insurance Specialist
Renewal Year :	Second Year	Intermediary	BA0000764325
Collection No :	613031/RV/2026/0211882583	Code	Personal 8. Carine Insurance
Collection Date :	02-Apr-2025	A SET	Health Insurance The Health Insurance Specialist
Premium : Health Insurance	Rs. 24,949/-	Name Health Insurance Specialist	GULLA RAJESH
CGST @ 9%	Rs. 2,245/- Special Insurance	Phone No	:9550755039/955075503 9
SGST @ 9% :	Rs. 2,245/- Health Insurance Specialist To Health Insurance Specialist	E-mail Id	: rajeshgulla846@gmail. com
Total Premium	Rs. 29,439/-	Personal & Carins Insurance The Insurance The Insurance Insurance	A FEET Health
Stamp Duty :	Re. 1/-	The Health	personal & Carine

PERIOD OF INSURANCE : From : 04-Apr-2025 00:00 To: Midnight Of 03-Apr-2026 Policy Term :1 Year Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs.: 0/-

Policy Type: FLOATER Scheme Description: 2A+2C

Bonus: Rs. 5,00,000/-Basic Floater Sum Insured: Rs. 10,00,000/-

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.

Authorised Signatory

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Attached to and forming part of Policy No: 6296112402052323

Details of Insured Persons:

SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	DEVAKOTI VENKATARAMANA	Male	20-Jul-1978	46	Self	33129771-1	03-Apr-2023
Pre E	xisting Disease: No PED De	clared	A = E Health		insurance Specialist		Health Insur
2	DEVAKOTI SUPHALA	Female	01-Jan-1991	34	Spouse	33129771-2	03-Apr-2023
Pre E	xisting Disease : No PED De	clared		1	Health Insurance Insurance	Health Insurance Spe	A = = = =
salth 3	DEVAKOTI GURUMITHA SURYA	Male	09-Feb-2016	trance 9 The H	Son	33129771-3	03-Apr-2023
Pre E	xisting Disease : No PED De	clared	The Health In the		Health	Personal & carrie	
4	DEVAKOTI ISHAAN SURYA	Male	16-May-2019	Health 5	Personal & Carlos Insulation Personal & Carlos Insulation Personal Personal	33129771-4	03-Apr-2023
Pre E	xisting Disease : No PED De	clared	personal a comme	ecialist	A .	Health Insura	The Health Insurance

Nominee Details:

a carina Insurance	Nominee Det	ails for the Prop	oser	Personal &	e Specialist	Appoi	ntee Details	Health Insurance
S.No	Name Personal & Ceating In	Relationship with proposer		% of the claim	Appo Appo Health Insurance Irance Spacifilist	intee Name Health Indured Partonal & Certos Specialist	Appointee Age	Relationship with nominee
1	DEVAKOTI SUPHALA	Health Insurance	34	100	e = == \alth	Personal a Carine In	ofth durance The Health Insur-	A ST

Sector Classification:

Urban Petrania Petran	the Health Insur

"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).

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 - Parvathipuram on 02nd Day of April 2025.

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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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.

: CUSTPORTAL Entered by Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Hospitalisation Benefit Policy

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

Policy No : 6296112402052323 Type of Policy : Assure Insurance-2021

Issue Office: 613031-Branch Office - Parvathipuram

Address : 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX,

BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501

PARVATHIPURAM

Vizianagaram Mandal Andhra Pradesh 535501

Tel / Fax : 08963-299997

Email : parvathipuram.bo@starhealth.in

This is to certify that Mr.DEVAKOTI VENKATARAMANA . has paid Rs 29,439/- (Total Premium : Indian Rupees Twenty Nine thousand four hundred thirty nine only) towards Premium for Hospitalization Insurance vide Policy No: 6296112402052323 for the Period 04-Apr-2025 To 03-Apr-2026 issued on 02-Apr-2025.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2026/0211882583/1 Receipt Date: 02-Apr-2025

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: 10-Apr-2025 For and on behalf of

Place: Branch Office - Parvathipuram Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Personal & Carins Insural Personal & Carins

Email ID: info@starhealth.in

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Tax Invoice



Invoice No.	: 372504I003674	1305		Customer I	D :	33129771	ith Insurance Specially	Α	
Invoice Date	: 02-Apr-2025		- 丁基龍	Policy No.	personal &	6296112402052	323	STAR H	
e e	Recipient			Insuran		Suppl	ier	getsus- oned	
GSTIN	Personal 3	caring III		GSTIN Z	ST	37AAJCS4517L1	ZX, Insurance Spec	Λ _	
Name Personal & Cu	: Mr.DEVAKOTI V	'ENKATARAMAI	VA	Name Insurance	Person Health	Star Health and Branch Office - F		ce Co Ltd -	
Address	cess : C-75, VIJAYARAMARAJU COLONY, KOTAVALASA, PARVATHIPURAM					: 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE,			
Health Insurance The Health Inst	yance Specimen		Personal Personal	ance Specialist	The Hea	PARVATHIPURAN PARVATHIPURAN	The second second	Personal B. The Health Insura	
City	: Parvathi Puram Mandal	Pin Code : 5	535501	City Health Insurance	1	Vizianagaram Mandal	Pin Code :	535501	
State	: Andhra Pradesh	Client : I Category	IND Person	State	<	Andhra Pradesh	Place of : supply	Andhra Pradesh	

El Pallin			Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
0 0 00	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	24,949.00	th Insurance Special	24,949.00	0	2,245.00	2,245.00	The Health Insuran	29,439.00

Total Invoice Value (in Figures) : Rs. 29,439/-

Total Invoice Value (in Words) : Rupees Twenty Nine thousand four hundred thirty nine 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 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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