

Date: 09-May-2024

IMPORTANT

Tο

KARTHEEK GOTTAPU, S O GOTTAPU SRI RAMA MURTHY 31 148 BURADA STREET BELGAM PARVATHIPURAM

Parvathipuram, Andhra Pradesh-535501

Mobile: 98XXXXXX22

Dear Customer,

Re: Health Insurance Policy - 11250916610600

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 15 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

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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.

Page 1 of 8



Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223 POLICY SCHEDULE

la Carine Insurance	TOLICI S	Vertice Specialist	一 全
Policy No. :	11250916610600 Personal & Carina Insurance	Previous Policy No	Health Personal & Color Specialist
Customer Code :	PI0005549237	GSTIN	: 37AAJCS4517L1ZX
Customer Name	KARTHEEK GOTTAPU	SAC Code of Scaring Insurance	: 997133 / Accident and Health Insurance Services
Cust CKYC No :	40016600066818	A =	Pocsonal & Carina Possonal & Carina Speciality
Proposer Code :	PI0005549237	Issuing Office Code	: 613031
Proposer Name :	KARTHEEK GOTTAPU	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address:	S O GOTTAPU SRI RAMA MURTHY 31 148 BURADA STREET BELGAM PARVATHIPURAM Parvathipuram Andhra Pradesh 535501	Issuing Office Address Health Insurance Transported To Health	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002
Phone No :	98XXXXXX22	Phone No	TSTA
E-mail Id :	kaXXXXXXXXXXXXQgmail.com	E-mail Id	Health Insurance The North Insurance
Proposer GSTIN :	NO personal & carries International Action of the Control of the C	Place of Supply	: Andhra Pradesh
Proposal date :	08-May-2024	Fulfiller Code	: SH71532
Date of Inception: of first policy Policy Category:	09-May-2024 New states & cried in the state of the state	Intermediary	: BA0000764325
Collection No :	613031/RV/2025/0126320310	Code	Health Insurance Personal Specialist
Collection Date :	08-May-2024	Personal A C	Heatting Insurance The Houlth Insurance The Houlth Insurance
Premium Health Insurance	Rs. 12,748/-	Name country persons	: GULLA RAJESH
CGST @ 9%	RS. 1,147/	Phone No Health Insurance Tree Health Insurance	:9550755039/955075503 9
SGST @ 9% : Total Premium : Stamp Duty :	Rs. 1,147/- Health Rs. 15,042/- Re. 1/-	E-mail Id	: rajeshgulla846@gmail.
Total Premium In	Words: Rupees Fifteen thousand	d forty two only	Personal & Carlos Insurance
and the second second	ANCE : From : 09-May-2024 15:16	To: Midnight Of 08	Policy Term :1 Year
Installment Facility	Option: No Premium Payment Freq	juency: Annual In	stallment Amount Rs. : 0/-
Policy Type : FLOATI	ER SEASON Health Insurance	Scheme Description: 2/	A+2Cnat & Carine Insurance
Basic Floater Sum I	Insured : Rs. 20,00,000/-	Bonus : Rs. 0/-	A = E E Health
Sum Insured In Wo	ords: Rupees Twenty lakhs only	The Health Industrial	Health Personal & Carine month
Optional Cover (De	ductible): Yes Health Insurance	Deductible: Rs. 1,00,000	/- Personal & Caring Insurance
/ -=	Part Sport	CETE EEE Neuronce	TO HOUSE

Entered by : STAR_PORTAL Approved by : SH52908 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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Attached to and forming part of Policy No: 11250916610600

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	KARTHEEK GOTTAPU	Male	05-Jul-1990	33	Self	PI0005549237	09-May-2024	
Pre E	xisting Disease : No PED D	eclared	A FEE Health	Per	n Insurance Specialist		Health Insur	
ance 2	BONU ANITHA	Female	08-Dec-1996	27	Spouse	ME0445197371	09-May-2024	
Pre E	xisting Disease : No PED D	eclared		7	Health Insurance Insurance	e Health Insurance	A	
ealth3	GOTTAPU BHAVYAN	Male	23-May-2019	th trance 4	Son	ME0445197372	09-May-2024	
Pre E	xisting Disease : No PED D	eclared	The Health III.		Health	Personal & Carine Indicates		
4	GOTTAPU MOHNISHand	Male	11-Oct-2023	Health O	Personal & Carton	ME0445197373	09-May-2024	
Pre E	xisting Disease : No PED D	eclared	personal a estina	pecialist	A .	Health Insura	The Health Insurance	

Nominee Details:

Nominee Details for the Proposer						Appoi	ntee Details	Health Insurance The Health Insurance
S.No	Name Personal a carine Internate specification	Relationship with proposer		% of the claim	Appoi	ntee Name Health	Appointee Age	Relationship with nominee
1	BONU ANITHA	Spouse Spouse	28	100		SETAR HE	alth surance The Health Insul	A

Sector Classification:

	mana) & Carrier (Carrier Carrier Carri		1 1 = ==	modification of the second sec		Insulaine.	111.5
0	Urban	Λ	Personal & Carine	Insurance The House	Health Health	Personal & Carrier	A .

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO: GSO5/6610/2023 DT:13/10/2023"

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 - Parvathipuram on 09th Day of May 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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For Star Health and Allied Insurance Company Ltd.

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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 : 11250916610600 Type of Policy : Assure Insurance-2021

Issue Office: 613031-Branch Office - Parvathipuram

Address: 4TH FLOOR, PSN ESTATES

LTB ROAD, NR. RTC COMPLEX

PARVATHIPURAM

Vizianagaram Mandal Andhra Pradesh 535002

Tel / Fax

Email

This is to certify that KARTHEEK GOTTAPU has paid Rs 15,042/- (Total Premium: Indian Rupees Fifteen thousand forty two only) towards Premium for Hospitalization Insurance vide Policy No: 11250916610600 for the Period 09-May-2024 To 08-May-2025 issued on 08-May-2024.

Payment received by CC vide Receipt No: 613031/CN/2025/0126319950 Receipt Date: 08-May-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: 09-May-2024 For and on behalf of

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

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

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Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11250916610600

	A	Stone & Carme	
Name	DOB Health	Gender	Customer id
KARTHEEK GOTTAPU alth	05-Jul-1990	Male	PI0005549237
BONU ANITHA	08-Dec-1996	Female rance St.	ME0445197371
GOTTAPU BHAVYAN Health Insurance	23-May-2019	Male	ME0445197372
GOTTAPU MOHNISH	11-Oct-2023	nce Male in insurance	ME0445197373

Valid From: 09-May-2024 Valid Till: 08-May-2025

Office Code: 613031 Agent/Broker/TE Code: BA0000764325

TA/SSM/SM Code: SH71532

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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For Star Health and Allied Insurance Company Ltd.

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Tax Invoice



Invoice No.	: 372405I001531	.312	Customer I	D :	PI0005549237	In Insurance Spherical
Invoice Date	: 08-May-2024		Policy No.	personal &	1125091661060	O STATE H
	Recipient		msusses.		Suppl	lier
GSTIN	Parsonal	rance Specialist	GSTIN	==	37AAJCS4517L1	ZX Insurance Specific
Name Personal &	: KARTHEEK GOT	TTAPU	Name Insurance	person to the life of the life	Star Health and Branch Office - F	Allied Insurance Co Ltd -
Address	: S O GOTTAPU S 148 BURADA ST BELGAM PARVA		1 Address		4TH FLOOR, PSN LTB ROAD, NR. I	N ESTATES Insurance
Health Insurance The Health I	nsurance Spaciall		Personal & Caring Insurance	The Hea	PARVATHIPURAN	Mealth Personal a Personal a
City	: Parvathipuram	Pin Code : 53550	1 City	1	Vizianagaram Mandal	Pin Code : 535002
State The Hea	: Andhra Pradesh	Client : IND	Peris State insurance entire		Andhra Pradesh	Place of : Andhra Pradesh 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	12,748.00	rsonal & Carine Ins	12,748.00	0	1,147.00	1,147.00	The Health Insurance	15,042.00

Total Invoice Value (in Figures) : Rs. 15,042/-

Total Invoice Value (in Words) : Rupees Fifteen thousand forty two only

Amount of Tax Subject to reverse Charge : No

Important Note:

: STAR_PORTAL

Entered by

Approved by : SH52908

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

For Star Health and Allied Insurance Company Ltd.

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S S S S S S S S S S S S S S S S S S S		incurance The Human
Name Of the Product	A FAR Health	Star Health Assure Insurance Policy
Product UIN No.	personal & aring Illianist	SHAHLIP23131V022223

	Health Personal 8	ince Specialis	Sur	nmary o	f Impor	tant Ben	efits Health	ce The E	ealth insurance of			E Mazirin
S.No	Particulars of Coverage / Benefits	= ==	1	Personal & Car	Health Insurance Specialist	Bener	fit Limits (in Rs.)	ETAF		personal &	Refer to Policy clause No.
GC SP STAILS	Sum Insured (in Rs.)	nal & Carlos	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	
a carins III	Room Category *Associated Medical expenses which vary be the room occupied by the insured person v considered in proportion to the room rent st the policy schedule or actuals whichever is Proportionate deductions are not applied in of the hospitals which do not follow differenti or for those expenses in respect of which diff billing is not adopted based on the room	rill be ated in less. respect al billing erential	Up to 1% of Sum Insured per day	Personal P. The Health Insur The Health Insur		room above categ	BOTY) at a cause	Health Insurance	Partonal 8	Health Insurance Specialist / room	THE HOSTILIA	Health Insurance Specialist
2	Surgeon, Anesthetist, Medical Practition Consultants, Specialist Fees	Partonsi A	nce Specialist	1	三直	lealth nee	Actual	Health insurance insurance	The Henlin	manyance Sport	<^	B. 2
Personal & Control of the Control of	Anesthesia, blood, oxygen, operation the charges, ICU Charges, Surgical Applianc Medicines and Drugs		Health Insurance Specialist	100 110	personal & Carine	is its	Actual	Health Insurance		Personal & Caring Ind	alth surance The	B. 3
4	Health Invariance Learning Specifical Day care procedures	1	= 2 12 Hea	ath	Personal & Carlin	All Day Care	Procedures	are Covere	ed 🔷	STAR	Health Insurance	Personal & Carins
he Her tih In	Coverage for Non-medical Items (Consuma	bles)	rsonal & Caring Ins Insurance Specie	list			Actual	香麗 Heal	rth grance	Health Insurance S	pecialist	B. 5
6	Emergency Road Ambulance	THE STATE OF THE S		<	ATA.	Health Health	Actual	Insurance Special	ist	A .		B. 6
7	anal & Carine Insurance Mir Ambulance	Δ	TAR	xpenses incurr	ed towards th	e cost of air ar	mbulance serv	rice up to 10%	of sum insur	ed per policy ye	ear Health	The B. 7 Insuran
8	Pre-Hospitalization Expenses	<u> </u>	Personal & Caring	ocialist	Up to	60 days pric	or to the da	e of hospita	alization	The Health Insuran	ce Special	B. 8
9	Post-Hospitalization Expenses				Up to 180 d	ays from the	e date of dis	charge from	n the hospit	al		B. 9
10	Personal & Catina In Domiciliary Hospitalization		TAF	Coverage for	medical tre				eriod exceed	ling three da	YS Health Insurance	B. 10
11	Organ Donor Expenses	noe	Personal & Ca	• Specialist		Up to	the Sum I	nsured I	Health Insurance	The Health Inst	urance of	B. 11
12	Health Checkup Assure Floater S		1,500 2,500	2,000 5,000	4,000 8,000	5,000	5,000	5,000 10,000	8,000 15,000	8,000 15,000	8,000 15,000	B. 12
13	Home Care Treatment	-10%	Pa	yable up to :	10% of the	sum insured	subject to	naximum o	of Rs.5 lakhs	in a policy	year	B. 13
14	Delivery Expenses murant Special	alist .	Expense	es for a Deliv		ng Delivery les) up-to 10				e-natal and p	oost natal	B. 14
15	In Utero Fetal Surgery/Intervention	Health insurance	Expens	es incurred f		Utero Fetal hs from the				e waiting per	iod of 24	B. 15
16	Assisted Reproduction Treatment- Limit of L in a policy year (Rs.)	iability	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	Health B. 16
17	Hospitalization expenses for treatment of Ne Baby- Limit Per Policy Period (Rs.)	w Born Health Insuran	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 A	thma		Payable u	up to 10% o	of sum insur	ed not exce	eding Rs.5	lakhs per po	olicy period	ATE!	B. 18
19	Compassionate travel	A SEE HOU	Expense						ily member(ospital is loc	other than tated	the travel	B. 19
20	Repatriation of Mortal Remains	& Caring) III				t of embalm		fin charges)		mortal remai dence of the		B. 20
21	Treatment in Valuable service providers ne	work	Health 1% of S	Sum Insured	subject to	a maximum	of Rs.5,000)/- per polic	cy period is	payable as lu	ımp sum	B. 21
22	Shared accommodation	onal & Caring	Rs.1,00	0/- per day	will be paya		continuous d accommo		eted period	of 24 hours	of stay in	B. 22
23	AYUSH Treatment			Persons	& Caring Insurar	Payable u	ip to the su	m insured.	1	Health	Post College	B. 23
24	Second Medical Opinion	THE STREET	Health Insurance	The Health in		e_medical	opinion@st	arhealth.in.	Persons	surance Specialist		B. 24
25	Coverage for Modern Treatment	eaith Insurant		1		Up	to sum insu	ired				В. 25
26	Health Insurance Cumulative Bonus		The insure	d person wil		for Cumulat and maxim				m insured for	r each claim	mith in B. 26
27	Automatic Restoration of Sum Insured	personal ne Health Inst	The policy	y provides a	utomatic re		sum insured 100% each		ed number	of times and	maximum	B. 27
28	Rehabilitation and Pain Management	1	Up to th	ne sub-limit	(or) maximi	um up to 20	% of the su	m insured v	whichever is	less, per po	licy year.	B. 28

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29 tealth	Star Wellness Program This program intends to promote, incentivize and to reward the Insured Persons' healthy life through various wellness activities.								
30	Co-payment Really Color	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							
	Personal & Caring Insurance	Sum Insured	Aggregate Deductible Option	Discount offered	Health Insurance				
Health Insurance	The Health Insurance	Up to Rs. 20 lakhs	Rs. 50,000/-	He 45%					
31	Optional Cover to choose deductible	op to Rs. 20 lakiis	Rs. 1,00,000/-	Insurance Specialist 55%	В. 31				
	Versional & Carrior Insurance The Health Insurance Personal & Carrior Insurance Specialist	Above Rs. 20 lakhs	Rs. 50,000/-	35%					
Carins Insula	The Health Insuran	Above Rs. 20 lakiis	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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