

Potsonal & Carms Insur The Health Insurance Specialis

Date: 04-Apr-202

IMPORTANT

To

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

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 94XXXXXX87

Dear Customer,

Re: Health Insurance Policy - 11250838090501

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,

D. Moon

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.



Star Health And Allied Insurance Company Limited

Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 26,324/- towards renewal premium of <u>policy</u> <u>number:P/613031/01/2024/000002</u>, the policy stands renewed for a further period of 1 Year as per the details given below

| The House | Renewal Endorsemen | nt No:11250838090501 | Health Insurance The Health Insurance |
|--|--|--|--|
| Customer Code : | 33129771 Tall's Carles Incuration 1000 | GSTIN Health Insurance | : 37AAJCS4517L1ZX |
| Customer Name | DEVAKOTI VENKATARAMANA | SAC Code | : 997133 / Accident and Health Insurance Services |
| Cust CKYC No : | - Health insurance insuran | A = = = uaalth | Personal & Carink Indiana Personal & Carink Indiana Personal & Carink Indiana Personal & Personal |
| Proposer Code : | 33129771 | Issuing Office Code | : 613031 |
| Proposer Name : | DEVAKOTI VENKATARAMANA | Issuing Office Name | : Branch Office - Parvathipuram |
| Proposer Address: | C-75, VIJAYARAMARAJU COLONY, KOTAVALASA, PARVATHIPURAM | Issuing Office Address | : 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM |
| Phone No | Parvathi Puram Mandal Andhra Pradesh 535501 94XXXXX87 | Phone No | Vizianagaram Mandal Andhra Pradesh 535002 |
| E-mail Id | DVXXXXXXXXXXX@GMAIL.COM | E-mail Id | |
| Proposer GSTIN : | Health Health | Place of Supply | : Andhra Pradesh |
| | 03-Apr-2023 | Fulfiller Code | : SH71532 |
| Date of Inception: of first policy | | noal & Calife Linearing | Health Health Insurante |
| Renewal Year | First Year | Intermediary | : BA0000764325 |
| Collection No | 613031/RV/2025/0120599426 | Code losurance | The state of the s |
| Collection Date : | 04-Apr-2024 | Health Instru | Health Personal & Carine Health |
| Premium Health Insurance | Rs. 22,308/- | Name Health Insurance Presented Insurance Pres | : GULLA RAJESH |
| CGST @ 9% | Rs. 2,008/- Health Insurance | Phone No | :9550755039/955075503 |
| SGST @ 9% | RS. 2,008/- | E-mail Id | : rajeshgulla846@gmail com |
| Total Premium : Stamp Duty : Health Insurance : Stamp Duty : Stamp Dut | Rs. 26,324/- | Health Insurance President Insurance The Ins | Maritim Institution of the Control o |
| Total Premium In | Words: Rupees Twenty Six thou twenty four only | usand three hundred | Health Insurance Spreament The |
| PERIOD OF INSURA | NCE : From : 04-Apr-2024 00:00 | To: Midnight Of 03 | 3-Apr-2025 Policy Term : 1 Year |
| Installment Facility | Option: No Premium Payment Free | quency:Annual In | stallment Amount Rs. : 0/- |
| Policy Type : FLOATE | FR Health Insurance The House Insurance | Scheme Description: 2/ | 4+2Carponal & Carrier Linear |
| Basic Floater Sum I | nsured : Rs. 10,00,000/- | Bonus : Rs. 2,50,000/- | ASTAR! |
| Sum Insured In Wo | rds: Rupees Ten lakhs only | Initiat The Health | Health Personal & Call |
| Optional Cover (Dec | Health Health | Deductible : Rs. 0/- | The Carlot |

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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Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 11250838090501

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 | 45 | Self | 33129771-1 | 03-Apr-2023 |
| Pre E | xisting Disease : No PED De | clared | A Realth | | sonal & esting Industry | 1 | TETAL Healt Insu |
| ance 2 | DEVAKOTI SUPHALA | Male | 01-Jan-1991 | 33 | Spouse | 33129771-2 | 03-Apr-2023 |
| Pre E | xisting Disease : No PED De | clared | | 5 | Health Insurance Insurance | Health Insurance | A |
| salth3 | DEVAKOTI GURUMITHA SURYA | Male | 09-Feb-2016 | th rance 8 The F | Son | 33129771-3 | 03-Apr-2023 |
| Pre E | xisting Disease : No PED De | eclared Insurance | The Health In the | | Health Health | Personal & Carint | |
| 4 | DEVAKOTI ISHAAN SURYA | Male | 16-May-2019 | Health 4 | Personal & Carlos (Indialist | 33129771-4 | 03-Apr-2023 |
| Pre Ex | xisting Disease : No PED De | clared A | Personal a suring | insurance pecialist | A . | STAR Healtr | The Health Insurance |

Nominee Details:

| Nominee Details for the Proposer | | | | Personal B | Appointee Details | | | | | |
|----------------------------------|--|--|-----|----------------|-------------------|--|-------------------------------|--|--|--|
| S.No | Name Personal & Carlor In Personal In | Relationship with proposer | Age | % of the claim | Appo | ntee Name Health Insurance Spaces Inc. | Appointee Age | Relationship with nominee | | |
| 1 | DEVAKOTI SUPHALA | Health Insurance The Health Insurance St | 33 | 100 | a S S Jugalth | Personal a carine Im | ofth burance The Health Insur | The sound of the s | | |

Sector Classification:

| Urban Petrania Petran | the Health Insur |
|--|------------------|

"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).

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 04th Day of April 2024.

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.

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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 : 11250838090501 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 DEVAKOTI VENKATARAMANA has paid Rs 26,324/- (Total Premium: Indian Rupees Twenty Six thousand three hundred twenty four only) towards Premium for Hospitalization Insurance vide Policy No: 11250838090501 for the Period 04-Apr-2024 To 03-Apr-2025 issued on 04-Apr-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0120599426/1 Receipt Date: 04-Apr-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: 04-Apr-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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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Star Health And Allied Insurance Company Limited

Tax Invoice



| Invoice No. | : 372404I001362 | 078 | Customer | ID: | 33129771 | th Insurance Special | Α. | | |
|----------------------|----------------------------|-----------------------|------------------------|----------------------|--------------------------------------|----------------------|---------------|------------------|--|
| Invoice Date | Policy No. | Personal & | 1125083809050 | 15 | STAR H | | | | |
| e e | Recipient | | INSUI- | Supplier | | | | | |
| GSTIN | Personal & | ance Specialist | GSTIN | TET | 37AAJCS4517L1 | ZX, Insurance Spuri | Α. | | |
| Name Personal & City | : DEVAKOTI VENK | KATARAMANA | Name Insurance | Person the Health II | Star Health and Branch Office - F | | | Personal & Carin | |
| Address | : C-75, VIJAYARA | MARAJU COLONY, | Address | Á: | 4TH FLOOR, PSN | I ESTATES | surance The i | earor | |
| A T | KOTAVALASA, P. | ARVATHIPURAM | | 15 | LTB ROAD, NR. I | RTC COMPLE | X | -= | |
| Health Personal | orance Specialist | < | Health Insurance | The Hea | PARVATHIPURAN | 1 | | Parsonal & C | |
| City | : Parvathi Puram Mandal | Pin Code : 53550 | City | 1 | Vizianagaram Mandal | Pin Code | :535002 | A | |
| State Per The Health | : Andhra Pradesh | Client : IND Category | State Health Insurance | | Andhra Pradesh | Place of supply | Andhra F | radesh | |

| | | Total | Discount | Taxable Value | IGST @ 18% | CGST @ 9% | UT/SGST @ 9% | CESS @ 1% | Total Invoice Value | 200 |
|-----------|------------------------------|-----------|----------|------------------|-----------------|-----------------|-----------------------------|------------------|-------------------------|-----|
| HSN / SAC | 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 | Pet |
| 997133 | Insurance Services | 22,308.00 | Hez Ons | 22,308.00 | 0 | 2,008.00 | 2,008.00 | Personal & Carin | 26,324.00 | |

Total Invoice Value (in Figures) : Rs. 26,324/-

Total Invoice Value (in Words) : Rupees Twenty Six thousand three hundred twenty four 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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