

Tο

Date: 26-May-2024

IMPORTANT

PANKAJ NEMANI, B 609, FAIZABAD ROAD, SILVER LINE APPARTMENTS, LUCKNOW

Lucknow Tehsil, Uttar Pradesh-**226028**Mobile: 93XXXXXX63

Dear Customer,

Re: Health Insurance Policy - 11250001881200

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

With kind regards,

Authorized Signatory

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

Policy No. :	11250001881200	Previous Policy No	personal & Carron Insurance				
	A STATE OF THE STA		· 274 A I CC 4 E 1 7 L 1 7 V				
Customer Code :	PI0005632276	GSTIN Health	: 37AAJCS4517L1ZX				
THE PROPERTY OF THE PROPERTY O	PANKAJ NEMANI	SAC Code of a carine Insurance Specification	: 997133 / Accident and Health Insurance Services				
Cust CKYC No :	20003939720922	A	TISUI diffee Health Insurance Special The Hea				
Proposer Code :	PI0005632276	Issuing Office Code	: 613031				
Proposer Name :	PANKAJ NEMANI	Issuing Office Name	: Branch Office - Parvathipuram				
Proposer Address:	B 609,FAIZABAD ROAD,SILVER LINE APPARTMENTS,LUCKNOW Lucknow Tehsil Uttar Pradesh 226028	Issuing Office Address Health Insurance Control of the Insurance Contr	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002				
Phone No	93XXXXXX63	Phone No	Tall and the second of the sec				
E-mail Id :	neXXXX.XXXXXX@gmail.com	E-mail Id	Health Insurance The Health Insurance				
Proposer GSTIN :	NO personal & Coring Mountain	Place of Supply	: Andhra Pradesh				
Proposal date ::	25-May-2024	Fulfiller Code Honth Insurance Speed	: SH71532				
Date of Inception: of first policy	26-May-2024 Houlth Insurance In Houlth	Urance appendix	Health Percent & Carine Insurance Tre-Health				
Policy Category :	New wards	Intermediary	: BA0000764325				
Collection No :	613031/RV/2025/0130155330	Code	Health Insurance The Mo				
Collection Date :	26-May-2024	√STA!	Health Insurance The Health Insurance Specialist				
Premium Health Insurance Presional Concepties	Rs. 21,864/-	Parsonal action parsonal actio	: GULLA RAJESH				
IGST @ 18% :	Rs. 3,936/-	Phone No Health Insurance The Malling Inc.	:9550755039/955075503 9				
Personal & Carins Insurance The Realth Insurance Specialist	Health pourance Transcription (Programme Programme Progr	E-mail Id	: rajeshgulla846@gmail.				
Total Premium : Stamp Duty ::	Rs. 25,800/- Re. 1/-	Palitation & Cannal Insurance Palitation in the Health Insurance Spherical Insurance I	Health Lacins Indurance				
Total Premium In	Words: Rupees Twenty Five the	usand eight hundred	Only caring Insurance Inc. He allo				
PERIOD OF INSURA	NCE: From: 26-May-2024 19:28 Hrs	To: Midnight Of 25	5-May-2025 Policy Term : 1 Year				
Installment Facility (inclusive GST)	Option: No Premium Payment Fred	quency:Annual In	stallment Amount Rs. : 0/-				
Floater Sum Insu	red : Rs. 10,00,000 OP L	Limit: Hersonal & Carins Insurance Insurance Specialist	Policy Type : FLOATER				
Policy Type : FLOAT	ER	Scheme Description: 2/	N+1C Health Personal & Certific Meanting meant a proof life				
W	(th		The state of the s				
Basic Floater Sum I	insured : Rs. 10,00,000/-	Bonus: Rs. 0/-	Personal & Carros				

Deductible: Rs. 0/-

Entered by : CUSTPORTAL Approved by : PORTAL IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Optional Cover (Deductible): No

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: 11250001881200

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	PANKAJ NEMANI	Male	15-Jan-1976	48	Self	PI0005632276	26-May-2024	
Pre E	xisting Disease: No PED D	eclared	A FAR Health	peri	insurance Specialist		Heal Regions Insu	
2	NILAMA NEMANI .	Female	07-Aug-1979	44	Spouse	ME0452476592	26-May-2024	
Pre E	xisting Disease : No PED D	eclared		1	Bersonal & Carling Insurance	e Health Insurance Special	1	
alth 3	KRISHNA NEMANI .	Female	21-Aug-2013	rance 10 The H	Daughter	ME0452476593	26-May-2024	
Pre E	xisting Disease: No PED D	eclared	The Health in mante		Health	Personal & Caring Incurrents Nealth Insurance Specialist	A.	

Nominee Details:

Special	Nominee Det	ails for the Pro	pose	Appointee Details				
S.No Health Insurar Ince Specialist	Name Health Induced Specialist	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee	
1	NILAMA NEMANI	Spouse	44	100	Personal & Carlos Insure		V ST	

Sector Classification:

THE LANGE TO SERVICE THE PARTY OF THE PARTY	A caring the caring th	
Rural	Health Insurance The Health Insurance State In	Health Insurance Insurance Tracket Insurance I

"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 26th 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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Hospitalisation Benefit Policy

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

Policy No : 11250001881200 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 PANKAJ NEMANI has paid Rs 25,800/- (Total Premium: Indian Rupees Twenty Five thousand eight hundred only) towards Premium for Hospitalization Insurance vide Policy No: 11250001881200 for the Period 26-May-2024 To 25-May-2025 issued on 26-May-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0130155330/1 Receipt Date: 26-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: 26-May-2024 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

Email ID: info@starhealth.in

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Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11250001881200

	A	1000 A 10			
Name	DOB Health	Gender	Customer id		
PANKAJ NEMANI	15-Jan-1976	Male	PI0005632276		
NILAMA NEMANI .	07-Aug-1979	Female Trace St.	ME0452476592		
KRISHNA NEMANI . Health Insurance	21-Aug-2013	Female	ME0452476593		

Valid From: 26-May-2024 **Valid Till**: 25-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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Tax Invoice



Invoice No.	: 372405I0016082	298	Customer	ID :	PI0005632276	In Insurance Spice			
Invoice Date	: : 26-May-2024		Policy No.	Personal &	1125000188120	O STATE H			
0	Recipient		1113201	Supplier					
GSTIN	Personal & C	Caring House	GSTIN		37AAJCS4517L1	ZX _h Insurance Space			
Name Parsonal A	: PANKAJ NEMANI	I 🔬	Name Insurance	The Health	Star Health and Branch Office - F	Allied Insurance Co Ltd -			
Address	Address : B 609,FAIZABAD ROAD,SILVER LINE				4TH FLOOR, PSN	I ESTATES: Insurance			
	APPARTMENTS,L	UCKNOW		1	LTB ROAD, NR. I	RTC COMPLEX			
ealth person	Specialist	<	Health Insurance	The Hea	PARVATHIPURAN	1 A Parsonal & S			
City	: Lucknow Tehsil	Pin Code 2260	028 City	<	Vizianagaram Mandal Health Insurance	Pin Code : 535002			
State Insurance	Illimitation - A	Client : IND Category	State Health Insurance The Health Insurance Specialist		Andhra Pradesh	Place of : Andhra Pradesh			

		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	21,864.00	Hei Ons	21,864.00	3,936.00	A = 0	Health 0	Personal & Carin	25,800.00

Total Invoice Value (in Figures) : Rs. 25,800/

Total Invoice Value (in Words) : Rupees Twenty Five thousand eight hundred only

Amount of Tax Subject to reverse Charge : No

Important Note:

: CUSTPORTAL

Entered by

Approved by : PORTAL

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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Name Of the Product	A = E Health	Star Health Assure Insurance Policy
Product UIN No.	personal & arms library to Specialist	SHAHLIP23131V022223

	Health Personal & Carmer	Sur	nmary o	f Import	tant Ben	efits Health	ce The H	ealth insurance		A	
S.No	Particulars of Coverage / Benefits	aalth	Personal & Car	Health Insurance Specialist	Bene	fit Limits (in Rs.)	STAR	Health Insurance	personal &	Refer to Policy clause No.
et SP	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	
a carins in inco special a carins and a carins are a carins are a carins and a carins are a cari	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	Personal remains (Exceedings of the Health Institute o	Any ept suite or linsurance specialist Any ept suite or linsurance specialist Any ept suite or		n Inaurance Specification (Specification)	Health Insurance corallet	Personal & Personal Any	Health Insurance Specialist / room	To House	B. 1 B. 1 Health Management Mealth
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	nce Specialist	1	音直 器 H	ealth surance	Actual	Health Insurance Insurance Specialist	The Health	m-mance Spen	<	B. 2
Personal & C	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Insurance Specialist	The Ho	personal & Carme	lali91	Actual	Health Insurance		personal a Carlina Inst	alth urance The	B. 3
4	Health Insurance Day care procedures	Hea	inth 1	personal & Carin	All Day Care	Procedure:	s are Covere	ed 🗸	STAR	Health Insurance	The Health, 4 rance S
5	Coverage for Non-medical Items (Consumables)	rsonal & Caring I Ins	list			Actual	海麗 Healt	th rance	. Health Insurance S		B. 5
6	Emergency Road Ambulance		<	ATE.	Health Impurance	Actual	Insurance Speciali	51	A .	= 1	B. 6
7	Air Ambulance	TAR	xpenses incurr	ed towards th	e cost of air a	mbulance serv	vice up to 10%	of sum insur	ed per policy ye	ear Health Insurance	the B. 7 maura
Th 8 eal	Pre-Hospitalization Expenses	Personal & Carina	ocialist	Up to	60 days prid	or to the da	te of hospita	alization	The Health Insuran	5 SP4	B. 8
9	Post-Hospitalization Expenses			Up to 180 d	ays from the	e date of di	scharge fron	n the hospit	tal		B. 9
10	Domiciliary Hospitalization	ATAP	Coverage for	medical tre	atment (Inc	luding AYU	SH) for a pe	riod exceed	ling three da	YS Health Insurance	B. 10
11	Organ Donor Expenses	Personal & Cal	e Specialist		Up to	the Sum I	nsured	Health Insurance	The Health Inst	urance Spe	B. 11
12	Health Checkup Assure Floater SI	1,500 2,500	2,000 5,000	4,000 8,000	5,000	10,000	5,000	8,000 15,000	8,000 15,000	8,000 15,000	B. 12
13	Home Care Treatment	Par	yable up to :	10% of the	I sum insured	I I subject to	naximum o	l of Rs.5 lakhs	s in a policy	year	B. 13
14	Delivery Expenses mane Special in	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						oost natal	B. 14		
15	In Utero Fetal Surgery/Intervention	Expense	es incurred f				nd Procedur		e waiting per	iod of 24	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	Health B. 16
surance	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		-===	wealth	personal	Irance Specialist	eding Rs.5 I		· · · · ·	ATA!	B. 18
19	Compassionate travel	Ith urance	personal & COT	mpanion) fo	r travel tow	ards the pla	ce where ho	spital is loc	Specialist	The Health Insuran	Specialist B. 19
20	Repatriation of Mortal Remains				t of embalm		fin charges)		mortal remai dence of the		B. 20
21	Treatment in Valuable service providers network	Mealth 1% of S	Sum Insured	subject to	a maximum	of Rs.5,000	0/- per polic	y period is	payable as lu	ımp sum	B. 21
22	Shared accommodation	Rs.1,00	0/- per day	will be paya		continuous d accommo		eted period	of 24 hours	of stay in	B. 22 Health
23	Health Insurance AYUSH Treatment	- Intentity	Persons	R Caring Insuran	Payable u	p to the su	m insured.	< = T	Health Health	Por	B. 23
24	Second Medical Opinion	Health Insurance	The Health III		e_medica	lopinion@st	arhealth.in.	parsons ne tro-life to	Ne California (California)		B. 24
25	Coverage for Modern Treatment			- E E 1100	Up	oto sum inst	ired list				B. 25
26	Health Insurance Cumulative Bonus	Health Insurance	The Heal	free year	and maxim	um upto 10	0% of the si	um insured	m insured for	ance the i	B. 26
27	Automatic Restoration of Sum Insured	The policy	y provides a	utomatic res		sum insured 100% each		ed number	of times and	maximum	B. 27
28	Rehabilitation and Pain Management	Up to the	ne sub-limit ((or) maximu	um up to 20	% of the su	m insured v	vhichever is	less, per po	licy year.	B. 28

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29 Health	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.						
30	Co-payment Present & Carlos Insul	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 s caring Insurance	Sum Insured	Aggregate Deductible Option	Discount offered	Health Insurance			
Health Insurance	The Health Induration	personal & carine Insurance Specialist	Rs. 50,000/-	He 45% The He in Insur	nce Specialist			
31	Optional Cover to choose deductible	ThUp to Rs. 20 lakhs	Rs. 1,00,000/-	Insurance Specialist 55%	B. 31			
	Personal & Carriele Insurance Person	Above Rs. 20 lakhs	Rs. 50,000/-	35%	Health Insurance			
Coring Insuran	hydrance is urance The Health Insurance The Health	Health Personal Specialist	Rs. 1,00,000/-	50%	surance Speciality			

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

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