

Date: 18-Oct-2023

IMPORTANT

To

PEDDINTI JAHNAVI, D.NO - 2-96, Diguva Street, Near Ramalayam, Kothuru, Garugubilli Garugubilli,Andhra Pradesh-**535463**

Mobile: 85XXXXXX22

Dear Customer,

Re: Health Insurance Policy - 11240459829600

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. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in the repudiation of the claim/cancellation of the policy. The other option for you is to continue with the previous insurer.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy.

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,

Authorized 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 POLICY SCHEDULE

Policy No. :	11240459829600 personal & Carlos Insurance	Previous Policy No	Health Personal & Carrier Person
Customer Code :	PI0004299950	GSTIN	: 37AAJCS4517L1ZX
Customer Name una:	PEDDINTI JAHNAVI	SAC Code at & carine I Insurance The Health Insurance Specialist	: 997133 / Accident and Health Insurance Services
Proposer Code :	PI0004299950 Health Insurance The Health Insurance Specialist	Issuing Office Code	: 613031 Inc. Insurance Insurance Inc. Specialist
Proposer Name :	PEDDINTI JAHNAVI	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address:	D.NO - 2-96, Diguva Street, Near Ramalayam, Kothuru, Garugubilli Garugubilli Andhra Pradesh 535463	Issuing Office Address Health Insurance Address Account	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002
Phone No :	85XXXXXX22	Phone No	Personal & Carins Insurance The Health Mean Personal & Carins Concentration of the Health Mean Personal & Ca
E-mail Id	srXXXXXXXXXXXXX999@gmail.co	E-mail Id	The Health III III
Proposer GSTIN :	NO Health Personal 6	Place of Supply	: Andhra Pradesh
Proposal date :	16-Oct-2023 personal a caring Insurance	Fulfiller Code	SH71532 insurance Speciality
Date of Inception: of first policy	21-Oct-2023	Health Insurance Specification of the Mealth Insurance Specification o	Health Sange
Policy Category :	New Regional & caring linear the Health III	Intermediary	: BA0000764325
Collection No :	613031/RV/2024/0076373299	Codent Personal & Carlot	Insurance The Insurance Proceedings of the In
Collection Date :	16-Oct-2023	rsonal & caring Insurance Insurance Specialist	Health Insurance The Health
Premium	Rs. 5,849/-	Name Personal & Company of the Personal & Co	: GULLA RAJESH
Health Insurance The Hea	th Insurance of	Phone No	:9550755039/955075503
	Rs. 526/-	TIONE NO	Togurance Specim
CGST @ 9% :	KS. 320/- Health Personal & Carrier Personal & Carr	551	Insurance Insurance
CGST @ 9% :	RS: 526/-statist	E-mail Id	wrance Specialist
· ·	Health Insurance The Health Insurance Special Property of the Property of the Insurance Special Property of	E-mail Id	:rajeshgulla846@gmail.

PERIOD OF INSURANCE : From : 21-Oct-2023 00:00 To: Midnight Of 20-Oct-2024 Policy Term :1 Year

Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-

Policy Type: INDIVIDUAL

Details of Insured Persons:

SI No	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relation with Proposer	ID Card No	Sum Insured Rs.	No Claim Bonus	Optional Cover (Deductible)	Deductible Health Insurance	Inception and Persons Date
1	PEDDINTI JAHNAVI	Heal Female Insula	18-Aug-2005	18	Self	PI00042 99950	5,00,000	Health Insurance Special O	The Health Insurance S	0	21-Oct-2021
Pre	Pre Existing Disease : No PED Declared										

: STAR_PORTAL Entered by Approved by : SH69538 IRDA 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: 11240459829600

Nominee Details:

The	Nominee De	tails for the Pro	posei	onal & Carine Industry	Appointee Details			
S.No	Name Health Insurance Personal & Carlos Intelligence Specialist	Relationship with proposer	_	% of the claim Pessonal & Carins Health Insurance Health Insuranc	Appointee Name	Appointee Age	Relationship with nominee	
1	PEDDINTI SRIDHAR	PerFather Insurance of Accialist	48	100	Health Insurance Personal & Carios	The Health Insurance Specialist	A SEE HER	

Sector Classification:

	and the same of th	1010	
Urban Health	Personal & Carine (1804) The History of the Histo	Health Insurance The Health Insurance Special Control of the Health Insurance Control of the Health In	A

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO : GSO5/3962/P/2023 DT:10/4/2023"

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.

Continuity Benefits applicable is as follows

S.No.	Name of the Insured	Id Card No	30 Days Waiting Period	1st Year Exclusions	First Two Year Exclusion	Pre Existing Disease
The Health Insu.	PEDDINTI JAHNAVI	PI0004299950	Waived	Not Applicable	Waived	Waived

[&]quot;A waiting period apply as fresh from the date of enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured".

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Parvathipuram on 18th Day of October 2023.

Entered by : STAR_PORTAL Approved by : SH69538

For Star Health and Allied Insurance Company Ltd.

Health Insurance

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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 : 11240459829600 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 PEDDINTI JAHNAVI has paid Rs 6,901/- (Total Premium: Indian Rupees Six thousand nine hundred one only) towards Premium for Hospitalization Insurance vide Policy No: 11240459829600 for the Period 21-Oct-2023 To 20-Oct-2024 issued on 16-Oct-2023.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2024/0076373299/1 Receipt Date: 16-Oct-2023

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: 18-Oct-2023

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: 11240459829600

Insurance The Item		amoinist supplies						
Name		DOB Health Insurance	Gender	Customer id				
PEDDINTI JAHNAVI Health Insur	ance	18-Aug-2005	Female	PI0004299950				

Valid From: 21-Oct-2023 Agent/Broker/TE Code: BA0000764325

Office Code: 613031 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 Card is valid until otherwise Cancelled.
- 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

*This is a temporary ID card issued along with the policy. Original ID card will be dispatched shortly.

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Tax Invoice



Invoice No.	: 372310I00029340)Oist	Custome	r ID	PI0004299950	th Insurance Specialist	Α.	
Invoice Date	: 16-Oct-2023		Policy No	personal &	1124045982960	0	1 3	TAR H
e inclient	Recipient		Illanian		Suppl	ier		enec.
GSTIN	Personal & Cari	Specialist	GSTIN	√ €1	37AAJCS4517L1	ZX _{n Insurance Special}		
Name Personal &	: PEDDINTI JAHNA	Name Insurance	The Health	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram				
Address	ress : D.NO - 2-96, Diguva Street,			۸:	4TH FLOOR, PSN		rance The	Неапп
A ST	Near Ramalayam, Kothuru,				LTB ROAD, NR. I	RTC COMPLEX		N _===
Health Person	Garugubilli	<	Health Insurance	The Hea	PARVATHIPURAN	1	nabe .	Personal & C
City	: Garugubilli	in Codeh: 535	5463 City	1	Vizianagaram Mandal Health Mandal S Carins	Pin Code	: 535002	The Health Insur
State Insurance The Heal	Andhra Pradesh Cl	lient : INC ategory	State Health Per anal & Carlle The Health Insurance Specialist		Andhra Pradesh	Place of supply	Andhra Health Insurance	Pradesh

		Total	Discount	scount!		IGST @ 18% CGST @ 9%		CESS @ 1%	Total Invoice Value	sona
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	Pe
997133	Insurance Services	5,849.00	rsonal & Caring Ons	5,849.00	0	526.00	526.00	Personal & Carin	6,901.00	

Total Invoice Value (in Figures) : Rs. 6,901/

Total Invoice Value (in Words) : Rupees Six thousand nine hundred one 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

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For Star Health and Allied Insurance Company Ltd.

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Name Of the Product	Health Health	Star Health Assure Insurance Policy
Product UIN No.	Personal & caring liberation personal & carin	SHAHLIP23131V022223

Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Personal & Car	Health Insurance Specialist	The Bene	fit Limits (in Rs.)	CTAR	Health Insurance	Personal &	Refer to Policy clause No.
Specialis	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	
Caring ir	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	The Health Insul	Health Insurance Any ept suite or Any Health Insurance Specialist Insurance Specialist Insurance Specialist		BOTY BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH	Health Insurance	Personal & Personal Any	Health Insurance Specialist (room Health Health Insurance Specialist Speci	THO HOUTH	Health Insurance Specialist B. 1 Health Insurance Specialist Health Insurance Insura
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	ice Specialist	V	三五龍 #	ealth	Actual	Insurance Insurance	The Health		₹	B. 2
nersonal & G	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Insurance Specialist	тно но	personal & Caring Decision De	ialist	Actual	Health Insurance	The Her	personal & caring Indianal Insurance Special	alth surance The	B. 3
4	Health Insurance Day care procedures	= ≨ € Hea	geh .	Personal & Carin	All Day Care	Procedures	s are Covere	ed 🗸	STAR STAR	Health Insurance	Personal & Carin
Hearth In	Coverage for Non-medical Items (Consumables)	sonal & Caring Inst	list			Actual	Healt Insur	th rance The	Health Insurance S	pecialist	B. 5
6	Emergency Road Ambulance		<	ATE.	Health	Actual	onal & Cattle Insurance Specialis	st	A	1	B. 6
7	Health Insurance Insurance Air Ambulance	-AR	xpenses incurr	ed towards th	e cost of air a	mbulance serv	vice up to 10%	of sum insure	ed per policy ye	ear Health Insurance	The B. 7 Insure
The 8 eals	Pre-Hospitalization Expenses	Personal & Caring	ecialist	Up to	60 days pri	or to the dat	te of hospita	lization	The Health Insuran	ce Specialist	В. 8
9	Post-Hospitalization Expenses	164	į	Up to 180 d	ays from th	e date of dis	scharge fron	n the hospit	al	1	В. 9
10	Domiciliary Hospitalization	Coverage for medical treatment (Including AYUSH) for a period exceeding three days								YS Health Insurance	B. 10 111
11 ^{1e}	Organ Donor Expenses	Personal & Car	e Specialist		Up to	the Sum I	nsured	Health Insurance	The Health Ins	urance Special	B. 11
12	Health Checkup Assure Floater SI	1,500 2,500	2,000	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	Pers Pal	yable up to 1	10% of the	sum insured	subject to	maximum o	f Rs.5 lakhs	in a policy	year	B. 13
14	Delivery Expenses ments specially	Expense	es for a Deliv				in section (ii m Insured i		e-natal and p	post natal	B. 14
15	In Utero Fetal Surgery/Intervention	Expense The Health	es incurred f				nd Procedur		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	HealthB. 16
alth surance	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)	2,00,000 The Ho	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		Payable ι	up to 10% c	f sum insur	ed not exce	eding Rs.5 I	akhs per po	licy period		B. 18
19	The Health In Compassionate travel	Expense					nediate fami ce where ho		other than t	the travel at & C	e Spec B. 19
20	Repatriation of Mortal Remains				t of embalm		fin charges)		mortal rema dence of the		B. 20
21	Treatment in Valuable service providers network	Health 1% of S	Sum Insured	subject to	a maximum	of Rs.5,000	0/- per polic	y period is p	payable as lu	ump sum ^{alth Ins}	B. 21
22	Shared accommodation The Health Insurance St	Rs.1,00	0/- per day	will be paya		continuous d accommo		eted period	of 24 hours	of stay in	B. 22
23	Health Insurance AYUSH Treatment	e \	Persons	Caring Insuran	Payable (up to the su	m insured.	A	Health	Per The Health	Insura B. S23
24 Sp	Second Medical Opinion	Health Insurance	The Health In	Sur	e_medica	lopinion@st	arhealth.in.	Persona Wealth Inc	1 & Caring Title surance Specialist		B. 24
25	Coverage for Modern Treatment				Up	oto sum insc	ired alist	1100.00			В. 25
26 sonal & car	Health Insurance The Cumulative Bonus	The insure	d person wil				alculated at 0% of the su		m insured fo	r each claim	alth In B. 26
27	Automatic Restoration of Sum Insured	The policy	provides a	utomatic res		sum insured 100% each		ed number	of times and	maximum	B. 27
28 personal	Health Health Rehabilitation and Pain Management	Up to th	e sub-limit	(or) maximu	im up to 20	% of the su	m insured w	vhichever is	less, per po	licy year.	Personal & Carnot

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29 Health	Star Wellness Program	Th	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.							
30	Co-payment Personal & Carles Insur	10%	6 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 & Carins Insurance Pe		Sum Insured	Aggregate Deductible Option	Discount offered	Health Insurance				
Health Insurance	The Health Insurance	ealth	Personal & Caring History	Rs. 50,000/-	He 45% The Hea th Insur	nce Specialist				
31	Optional Cover to choose deductible	isurance	Up to Rs. 20 lakhs	Rs. 1,00,000/-	Insurance Specialist 55%	B. 31				
	Personal & Carint Insurance The Health Insurance Specialist		Above Rs. 20 lakhs and	Personal Rs. 50,000/-	35%	Health Insurance				
Caring Health Insuran	The Health Insuran	Health	Personal & CorldKils Personal & CorldKils Personal Research Specialist	Rs. 1,00,000/-	50% ce The Coulth I	surance Special				

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

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