

Date: 26-Oct-2023

To,

GUNUPURU VENKATARAO, D.NO-O, Rayagada Road, PARVATHIPUTAM

Parvathi Puram Mandal, Andhra Pradesh-**535501** Mobile: 7386244445

Dear Customer,

Re: Health Insurance Policy - 11240471900600

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

Insurance Insurance	The Health I	SCHEPUL Entrance Specialist	人名王基 夏 (1)
Policy No. :	11240471900600 Personal & Carine Insur	Previous Policy No	Health Personal & Company of the Health Insurance Special Property of the Health Insurance Property of the Health Insurance Special Property of the Health Insur
Customer Code :	PI0004341158	GSTIN	: 37AAJCS4517L1ZX
Customer Name :	GUNUPURU VENKATARAO	dealt SAC Code road & carrie Manager and Code road & Carrie Ma	: 997133 / Accident and Health Insurance Services
Proposer Code :	PI0004341158 Health Insurance	Issuing Office Code	: 613031al & Caring Insurance Specialist
Proposer Name :	GUNUPURU VENKATARAO	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address:	D.NO-O, Rayagada Road, PARVATHIPUTAM Parvathi Puram Mandal Andhra Pradesh 535501	Issuing Office Address	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002
Phone No :	7386244445 and a carried University	Phone No	Personal Personal Specialist
E-mail Id	cbepg0610b@gmail.com	E-mail Id	Cities
Proposer GSTIN :	NO Health	Place of Supply	: Andhra Pradesh
Proposal date :	26-Oct-2023 Personal & Carine Information	Fulfiller Code	SH71532 Health Insurance Speciality
Date of Inception: of first policy	Health Population Harmen	Health Insurance Specialist	Personal a cerier insurance
Policy Category :	New personal 8 carins i municipalità	Intermediary	: BA0000764325
Collection No :	613031/RV/2024/0077681942	Code tealth the Health Insuran	A - F F I work
Collection Date :	26-Oct-2023 A Caring Health Insurance	H alth Insurance Specians	Personal & Carine Insurance
Premium Health Insurance The Health	Rs. 17,071/-	Name Personal & Carins Health Insurance The Health Insurance T	: GULLA RAJESH
CGST @ 9%	Rs. 1,536/-th Personal & Carlos Personal & Carlo	Phone No	:9550755039/955075503 9
SGST @ 9% :	Rs. 1,536/-	E-mail Id	:rajeshgulla846@gmail.
Total Premium :	Rs. 20,143/-inlet	Health Insurance	coatth insurance Specialist
Stamp Duty :	Re. 1/-	Personal & Carins The Health Insurance Specialist	Health Insuran
Total Premium Ir	Words : Rupees Twenty thousan	nd one hundred forty the	hree Health Inturance Parional & Carine I Insurance Parional & Car
PERIOD OF INSURA	ANCE : From : 26-Oct-2023 12:05	To: Midnight Of 25	5-Oct-2024 Policy Term :1 Year
Installment Facility	Option: No Premium Payment Fre	quency: Annual Ins	stallment Amount Rs. : 0/-
Policy Type : FLOAT	ER Personal & Caring Insurance	Scheme Description: 2A	+1 Catth Insurance Specialist
Basic Floater Sum 1	Insured : Rs. 10,00,000/-	Bonus : Rs. 0/-	A SEASON & Carlon
Sum Insured In Wo	ords: Rupees Ten lakhs only	list	Health Insurance The Health Insurance The Health Insurance
Optional Cover (De	ductible): No specialist	Deductible: Rs. 0/-Health	The Health Insurence space in the He
La Caring Insuran		Personal & Courance Specialist	- CETA

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

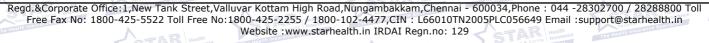
Corporate Identity Number L66010TN2005PLC056649

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: 11240471900600

Details of Insured Persons:

	- I waith						
SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	GUNUPURU VENKATARAO	Health Insurance Male	20-Nov-1990	32	Self.	PI0004341158	26-Oct-2023
Pre E	xisting Disease : No PED De	eclared	A TAR Healt Insur	th rance The	personal per	A =	Personal & Carlin
2	MANINTI SIRISHA	Female	08-Aug-1992	31	Spouse	ME0440898368	26-Oct-2023
Pre E	xisting Disease : No PED De	eclared	A	yealth	Personal & Caring Insurance	The Health III	V STA
th trance	GUNUPURU JEEVANSH	Male	14-Apr-2023	ialist 0	Son	ME0440898369	26-Oct-2023
Pre E	xisting Disease : No PED D	eclared Specialist			Health Insurance	The Health Insurance Opec	

Nominee Details:

Nominee Details for the Proposer					Appo	intee Details	
S.No	Name State Heat	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age Personal	Relationship with nominee
Health Insur	Maninti Sirisha	Spouse	31	100 perso	nal & Carins Insurance The Health		Health Health

Sector Classification:

		Insurance	The hou		personal & Specialist		
The second	Urban	Personal & Specialist The Health Insural ce Specialist		Health Insurance	The Health Insurance	A SE Health	

"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.

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 October 2023.

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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 : 11240471900600 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 GUNUPURU VENKATARAO has paid Rs 20,143/- (Total Premium: Indian Rupees Twenty thousand one hundred forty three only) towards Premium for Hospitalization Insurance vide Policy No: 11240471900600 for the Period 26-Oct-2023 To 25-Oct-2024 issued on 26-Oct-2023.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2024/0077681942/1 Receipt Date: 26-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 : 26-Oct-2023 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: 11240471900600

		Person and Sp	
Name	Person DOB Health Insurance	Gender	Customer id
GUNUPURU VENKATARAO	20-Nov-1990	Male	Health PI0004341158
MANINTI SIRISHA	08-Aug-1992	Female	ME0440898368
GUNUPURU JEEVANSH	14-Apr-2023	Male	ME0440898369

Valid From: 26-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.	: 372310I000331896	Customer 1	ID : PI0004341158
Invoice Date	: 26-Oct-2023	Policy No.	: 11240471900600
	Recipient	and S. Co.	Supplier
GSTIN	haith Persons The Health Insurance Speciality	GSTIN	: 37AAJCS4517L1ZX
Name Personal & Co	: GUNUPURU VENKATARAO	Personal & Name ce and construction of the con	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram
Address	: D.NO-O, Rayagada Road,	Address	: 4TH FLOOR, PSN ESTATES THE SPECIAL STATES
Personal	PARVATHIPUTAM	Health	LTB ROAD, NR. RTC COMPLEX
th Tance The Health Inst	Health	Personal & Caring Insurance	PARVATHIPURAM Health Insurance Tree (Insurance Insurance
City	Parvathi Puram Pin Code : 5355 Mandal	O1 City	: Vizianagaram Pin Code : 535002
State The Health	: Andhra Pradesh Client : IND Category	State Specialist	: Andhra Pradesh Place of supply Andhra Pradesh

nol:			Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value	16
1 8	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 on a Carint	17,071.00	(h Insuran	17,071.00	Heath tresura	1,536.00	1,536.00	0	20,143.00	

Total Invoice Value (in Figures) : Rs. 20,143/-

Total Invoice Value (in Words) : Rupees Twenty thousand one hundred forty three 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

Corporate Identity Number L66010TN2005PLC056649 Email ID: stargst@starhealth.in IRDAI Regn.No.129

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Name Of the Product	A = = = lucalith	Star Health Assure Insurance Policy	Health Insurance
Product UIN No.	Personal a Caring Insurance	SHAHLIP23131V022223	Personal o Cartus the Health Insurance Specialist

Summary of Important Benefits

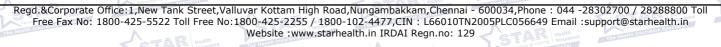
S.No	Particulars of Coverage / Benefits	Sui	STA	Health Insurance	ant Ben	fit Limits (i	in Rs.)	he Health			Refer to Policy
nsurance cialist	Sum Insured (in Rs.)	5,00,000	10,00,000	15,00,000	20,00,000		50,00,000	75.00.000	1.00.00.000	2,00,00,000	clause No
Healt's Insur	*Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in	Up to	Persona' The Health Ins	Health Insuran urance Specialist	The H	personal o caring	Health	A Service of the serv	Healt Insurance Speciali	th rance The	Personal & Caring patth Insurance Sp
1 aring	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.	Sum Insured per day Health Insurance	(Exc	Any in the property of the sound & caring instruments Specific in the sound in the		JOPY) rsonal & Car no Health Insurance	Insurance Specialist Health	Any	Personal & Carins	Health Insurance Ciniist	Personal & Car
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees			Personal & Caring	Health Insurance eclalist	Actual	rance Specialist			Health	B., 2 nat
surance	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Insurar Surance Specialist	Tho H	ealth Institution	Health Insurance	Actual Person	Daal & Caring Inst	ith trance jet	Personal & Cari	Specialist	B. 3
A Hauri	Day care procedures	He Introduction Specific	alth surance	Personal & Co	All Day Care	Procedures	are Covere	ed Health	Personal &	Caring Health Insurance	The Health B. 4
5	Coverage for Non-medical Items (Consumables)	h Insurence		ATT.	Health Insurance	Actual	Personal & Caring	ecialist	_		B. 5
6	Emergency Road Ambulance	TAR	Health	Personal	rance Specialist	Actual			SI	Health Insuran	В. 6
7	Air Ambulance	personal & Caring	xpenses incurr	ed towards th	e cost of air ar	mbulance serv	ice up to 10%	of sum insure	ed per policy y	ear ance Special	B. 7
8	Pre-Hospitalization Expenses	1000		Up to	60 days pric	r to the dat	e of hospita	alization	A	,	B. 8
9	Post-Hospitalization Expenses	ATA	Health	Up to 180 d	ays from the	date of dis	charge fror	n the hospit	al 🤇	Head & Caring Ins	rance B. 9
10	Domiciliary Hospitalization	Personal & Ca	Coverage for	medical tre	atment (Inc	luding AYUS	SH) for a pe	riod exceed	ing three da	YS nsurance Specific	B. 10
11	Organ Donor Expenses specialist	110-110-110		1	Up to	the Sum Ir	nsured	rance Specialist		_ \	B. 11
7	Personal & Caring Insurance Personal & Caring Individual SI Individual SI	1,500	2,000	4,000	5,000	5,000	5,000	8,000	8,000	8,000	Health Insurance
12	Health Checkup Assure Floater SI	2,500	5,000	8,000	10,000	10,000	10,000	15,000	15,000	ealth Insurance St. 15,000	B. 12
13	Home Care Treatment	Pay	/able up to 1	10% of the	sum insured	subject to	maximum o	of Rs.5 lakhs	in a policy	year	B. 13
14	Personal & Calvery Delivery Expenses Health	Expense	es for a Deliv			y Caesarea % of the Su			e-natal and p	post natal	Specialist B. 14
15	In Utero Fetal Surgery/Intervention	Expense	es incurred f			Surgeries a date of ince			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 Spi	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 16
17	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 so	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 17alt
18	Treatment for Chronic Severe Refractory Asthma	lth urance	Payable t	up to 10% o	f sum insure	ed not exce	eding Rs.5 I	akhs per po	licy period	The Health	B. 18
19	Compassionate travel	Expense	es by air incu	urred upto F npanion) fo						the travel	B. 19
Health Insuran 20	Repatriation of Mortal Remains		up to Rs.15 erson (includ		of embalm		fin charges)				B. 20
21	Treatment in Valuable service providers network	1% of Sum Insured subject to a maximum of Rs.5,000/- per policy period is payable as lump 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	Health Insuran
23	AYUSH Treatment Payable up to the sum insured.							B. 23			
24	Health Insurance Second Medical Opinion		T.	personal & Caring	nsurance	opinion@sta		- <	ETAR	Health Insurance	B. 24
25	Coverage for Modern Treatment	Realth Insurance	100 10	ith insurance		· ^		ance .	Personal & Carina Health Insurance S	pecialist	B. 25
26	Coverage for Modern Treatment Upto sum insured Cumulative Bonus The insured person will be eligible for Cumulative bonus calculated at 25% of sum insured for each claim free year and maximum upto 100% of the sum insured								B. 26		

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	Personal & Carrie Specialist		Health The Health Ins	urano						
27	Automatic Restoration of Sum Insured	The policy provides automatic restora	The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.							
28	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum u	Up to the sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year.							
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 Personal & Carlos		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							
Health	personal & Carine Insurance	Sum Insured Health Insurance	Aggregate Deductible Option	Discount offered	Personal & Caring Inst					
ng Insurance Specialist	The House	Health Insurance Specialist	Rs. 50,000/-	Personal & 45% Insurance	ealth Insurance					
31	Optional Cover to choose deductible in incurrence	Up to Rs. 20 lakhs	Rs. 1,00,000/-	55%	B. 31					
Health	Personal a Carine I III	Above Rs. 20 lakhs	Rs. 50,000/-	35%	Personal & Caring					
Caring Successions	VSTA	ADOVE RS. 20 Idk IIS pecial.	Rs. 1,00,000/-	Person 50% is Insurance	he Health III					
	personal	Specialis.	Health	The Health III	A					

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

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