

Date: 18-Jan-2024

**IMPORTANT** 

To,

CHANDRA SEKHAR SALAPU, D.No-17-1-8/10 vivekananda colony Rayagada Road

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 94XXXXXX47

Dear Customer,

Re: Health Insurance Policy - 11240639739100

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.

Page 1 of 9



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

Policy No.	: :	11240639739100	Previous Policy No	: 4128i/HSHA/236848149/00/000
Customer Code	: [	PI0004845950	GSTIN	: 37AAJCS4517L1ZX
Customer Name	ance (	CHANDRA SEKHAR SALAPU	SAC Code 18 caring Insurance	: 997133 / Accident and Health Insurance Services
Proposer Code	: [	PI0004845950 Health Insurance The Health Insurance	Issuing Office Code	: 613031 risk losurance in Health in the Hea
Proposer Name	leelth	CHANDRA SEKHAR SALAPU	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address	Heal	D.No-17-1-8/10 vivekananda colony Rayagada Road Parvathi Puram Mandal Andhra Pradesh 535501	Issuing Office Address  Health Insulation In	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002
Phone No	: 9	94XXXXXX47 Mealth Industrial Control of Cont	Phone No	Personal a Carina Insurance
E-mail Id		WWX.XXXXXXXXXXXXXQGMAIL.	E-mail Id    Health	
Proposer GSTIN	: [	NO Health Personal &	Place of Supply	: Andhra Pradesh
Proposal date	= 55	12-Jan-2024 personal & caring a Insurance	Fulfiller Code	SH71532
Date of Inception of first policy	ah & Carli Surance	13-Jan-2024	Health Insurance The Health Insurance Specification Specif	Health Personne
Policy Category	: [	New Personal 8 Carina Insurance The Health Insurance	Intermediary	: BA0000764325
Collection No	tronal &	513031/RV/2024/0101738412	Code Personal a Carine	insulant confile
Collection Date	dr. Inc.	12-Jan-2024	rsonal & Cacing Insurance The Insurance Specialist	Health Insurance Insurance
Premium	Person	RS. 8,028/-	Name Salari A Ca	: GULLA RAJESH
Personal & Caring Insurance		A = E   Health	Phone No	:9550755039/955075503
CGST @ 9%	A.F	Rs. 723/- Peacona & Cering Insurance Peacona & Peac	STA	9 Health Insurance
SGST @ 9% Health Insurance Personal & Carink	The Hon	RS. 723/-	E-mail Id	: rajeshgulla846@gmail com
	A	Parsonal & Land Specialist	751	Health Insurance The Health Insurance
Total Premium	÷ F	RS. 9,474/-Health	A last	onal a Carried III

PERIOD OF INSURANCE : From : 13-Jan-2024 00:00

To: Midnight Of 12-Jan-2025

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	Inception Date
Health 1 Insurance	CHANDRA SEKHAR SALAPU	Male	18-May-1993	30	Self perconal & carino roo Health Insurance S	PI00048 45950	10,00,000	o Specialist	No	Health Insurance	18-Jan-2022
Pre	Existing Disease	e : Health No	PED Declared	st	Å.		<b>SET</b>	Health Insurance	The Health Insuran	To The State of th	A _===

: STAR\_PORTAL Entered by Approved by : SH69538 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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Page 2 of 9



### Attached to and forming part of Policy No: 11240639739100

#### **Nominee Details:**

The	Nominee De	tails for the Pro	pose	Appointee Details				
S.No	Name Health Insurance The Health Insurance The Health Insurance Specialist	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee	
1	SALAPU NAGAMANI	Mother Insurance of The Health	48	100	Health Insurance	The Health Insurance Specialist	A FAR HER	

### **Sector Classification:**

2.00	The state of the s	
Urban Health	Parsonal & Caring Bloom	Health Insurance Tre-Health Insurance

#### "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

5	S.No.	Name of the Insured	Id Card No	30 Days Waiting Period	1st Year Exclusions	First Two Year Exclusion	Pre Existing Disease
	he Health III	CHANDRA SEKHAR SALAPU	PI0004845950	Waived	Not Applicable	Waived	Not Waived

<sup>&</sup>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 January 2024.

Entered by : STAR\_PORTAL Approved by : SH69538

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 9



### **Hospitalisation Benefit Policy**

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

Policy No : 11240639739100 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 1

This is to certify that CHANDRA SEKHAR SALAPU has paid Rs 9,474/- (Total Premium: Indian Rupees Nine thousand four hundred seventy four only) towards Premium for Hospitalization Insurance vide Policy No: 11240639739100 for the Period 13-Jan-2024 To 12-Jan-2025 issued on 12-Jan-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2024/0101738412/1 Receipt Date: 12-Jan-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: 18-Jan-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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Page 4 of 9



: STAR\_PORTAL

Entered by

Approved by : SH69538

# Star Health And Allied Insurance Company Limited



### Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11240639739100

THE THE PARTY OF T	^	200000	
Name	DOB Health	Gender	Customer id
CHANDRA SEKHAR SALAPU	18-May-1993	Male	PI0004845950 CONTROL OF THE PI

Valid From: 13-Jan-2024 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.

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of 9



### **Tax Invoice**



Invoice No.	: 372401I000819848	Custome	mer ID : PI0004845950
Invoice Date	: 12-Jan-2024	Policy N	No. : 11240639739100
in a line line	Recipient	TH301	Supplier
GSTIN	personal & Caring   History	GSTIN	: 37AAJCS4517L1ZX
Name Personal &	: CHANDRA SEKHAR SAL	APU Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram
Address	: D.No-17-1-8/10	Address	
	vivekananda colony	A	LTB ROAD, NR. RTC COMPLEX
Health Person	Rayagada Road	Health Insurance	PARVATHIPURAM
City	: Parvathi Puram Pin Coc Mandal	de : 535501 City	: Vizianagaram Mandal Mandal Pin Code : 535002
State Insurance	: Andhra Pradesh Client Catego	: IND State Masking	: Andhra Pradesh Place of 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	8,028.00	Hei Ons	8,028.00	0	723.00	723.00	Personal & Carin	9,474.00	

**Total Invoice Value (in Figures)** : Rs. 9,474/-

Total Invoice Value (in Words) : Rupees Nine thousand four hundred seventy four only

Amount of Tax Subject to reverse Charge : No

### Important Note:

: STAR\_PORTAL

Entered by

Approved by : SH69538

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.

Authorised Signatory

Page 6 of 9



Name Of the Product	A == = landth	Star Health Assure Insurance Policy
Product UIN No.	Personal & arms   movemes	SHAHLIP23131V022223

	Health Personal & Carink	Sur	nmary o	f Impor	tant Ben	efits manual	100 E	ealth insurance Spe		Λ	
S.No	Particulars of Coverage / Benefits	Sup.	Personal & Car	Health Insurance Specialist	Benef	fit Limits (	in Rs.)	ETAR		Personal &	Refer to Policy clause No.
of Spacific	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	
Corins 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	Personal P	Any ept suite or loss of a control of the control o	room above categ	GOTY), At & Cathle	Health Insurance profis	personal a present the state of	Health Insurance Proom  Health Insurance Proom	The Health	B. 1  B. 1  Health Insurance Specialist  Health Insurance Insurance Specialist  Health Insurance
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	arin. Insuran	1	- 4 2	ealth	Actual	Health Insurance os Specialist	The Health	wance Speciality	<\\	B. 2
ersonal & C	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Insurance Specialist	te The Ho	personal & Carine	alist	Actual	Health Insurance	THO HE	ersonal & Carine Ind	alth hurance	B. 3
4	Health Insurance	= A ■ Hea	ith.	Personal & Carlo	All Day Care	Procedure:	s are Covere	ed	STAR	Health Insurance	Paranal & Carlor B. 4 rance
5	Coverage for Non-medical Items (Consumables)	ersonal & Caring   Ins	list			Actual	Heal Heal	th rance	Health Insurance S	pecialis	B. 5
6	Emergency Road Ambulance		<	A-TA	Health	Actual	insurance Special	51	A	_ \	B. 6
7	Air Ambulance	一一五百	xpenses incurr	ed towards th	e cost of air ar	mbulance serv	vice up to 10%	of sum insure	ed per policy ye	Health Insurance	B. 7 meuro
Th 8 onl	Pre-Hospitalization Expenses	Personal & Caring	ocialist	Up to	60 days pric	or to the da	te of hospita	alization	The Health Insuran	ce Specializa	В. 8
9	Post-Hospitalization Expenses	10.00	I	Up to 180 d	ays from the	e date of di	scharge from	n the hospit	al		B. 9
10	Domiciliary Hospitalization	A-as	Coverage for	medical tre	atment (Inc	luding AYU	SH) for a pe	eriod exceed	ing three da	YS Health Insurance	B. 10
11	Organ Donor Expenses	personal & Cal	Specialist		Up to	the Sum I	nsured	Health	The Hould Ins	irance Specialist	B. 11
12	Health Checkup Assure Floater SI	1,500 2,500	2,000	4,000 8,000	5,000	5,000	5,000	8,000 15,000	8,000 15,000	8,000 15,000	B. 12
13	Home Care Treatment	551	Garing I Insurance	The Heal			A		in a policy	nal & Caring	B. 13
14	Delivery Expenses	Till Marilla Inst		ery includir	- =	y Caesarea	n section (i	ncluding pre	e-natal and p		B. 14
15	In Utero Fetal Surgery/Intervention	Expense	es incurred f		Utero Fetal ns from the				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
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	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 u	up to 10% c	f sum insure	ed not exce	eding Rs.5	lakhs per po	licy period	ATE!	B. 18
19	Compassionate travel	Expense						ily member( ospital is loc	other than t ated	he travel	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	Health 1% of S	Sum Insured	subject to	a maximum	of Rs.5,000	0/- per polic	y period is p	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
23	Health Insurance AYUSH Treatment		Personi	e carins insuran	Payable u	ip to the su	m insured.	1	是是 Health	por iodii	B. 23
24	Second Medical Opinion	Health Insurance	The Health in	Sultin	e_medical	opinion@st	arhealth.in.	Parsona Parsona	1.8. Carine Juliania Specialist		B. 24
25	Coverage for Modern Treatment			_===	Up	to sum insu	ured			<b>₹</b>	В. 25
26	Health Insurance Cumulative Bonus	The insure	d person wil		for Cumulat and maximu				m insured for	r each claim	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 th	ne sub-limit (	(or) maximu	im up to 20	% of the su	m insured v	whichever is	less, per po	licy year.	B. 28

Entered by : STAR\_PORTAL Approved by : SH69538

For Star Health and Allied Insurance Company Ltd.

**Authorised Signatory** 



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 Perional & Carios 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 & Caring Insurance	Sum Insured	Aggregate Deductible Option	Discount offered	Health Insurance					
Health Insurance	The Health Induration	personal & caring I liberal	Rs. 50,000/-	He 45% The Hea to Insur	nce Specialist					
31	Optional Cover to choose deductible	Up to Rs. 20 lakhs	Rs. 1,00,000/-	Insurance Speciality 55%	B. 31					
	Personal & Carinet  Personal & Carinet  Personal & Carinet  Property of the Health Inc.  Property of th	Above Rs. 20 lakhs	Rs. 50,000/-	35%	Health Insurance					
Carins Insuran	The Health Insuran	Health Personal Republication of the strange Specialist	Rs. 1,00,000/-	50% ce The Health I	surance Specialic					

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

Entered by : STAR\_PORTAL Approved by : SH69538

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 8 of 9





**Annexure 3A** 

Forming part of Policy Number: 11240639739100

### Covering Flu Vaccination Approved by ICMR under Health Check Up benefit

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following cover without charging additional premium till 31.03.2024:

Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

Entered by : STAR\_PORTAL Approved by : SH69538

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 9 of 9