

Date : 29-Mar-2025

IMPORTANT

To,

GOTTIPALLI SAI PRASAD ,,
41-52, RAO VARI VEEDHI, BOBBILI
VIZIANAGARAM

Bobbili Mandal, Andhra Pradesh-535558
Mobile : 9703275767

Dear Customer,

Re: Health Insurance Policy - 3408112500035707

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 30 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

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/5/2024

Super Star
Unique Identification No. SHAHLIP25036V012425
POLICY SCHEDULE(Floater)

Policy No. : 3408112500035707	Previous Policy No : GSTIN : 37AAJCS4517L1ZX
Customer Code : PI0008434108	SAC Code : 997133 / Accident and Health Insurance Services
Customer Name : GOTTIPALLI SAI PRASAD .	
Cust CKYC No : -	
Proposer Code : PI0008434108	Issuing Office Code : 613031
Proposer Name : GOTTIPALLI SAI PRASAD .	Issuing Office Name : Branch Office - Parvathipuram
Proposer Address : 41-52, RAO VARI VEEDHI, BOBBILI VIZIANAGARAM Bobbili Mandal Andhra Pradesh 535558	Issuing Office Address : 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535501
Phone No : 9703275767	Phone No : 08963-299997
E-mail Id : saiprasadvip@gmail.com	E-mail Id : parvathipuram.bo@starhealth.in
Proposer GSTIN : NO	Place of Supply : Andhra Pradesh
Proposal Date : 29-Mar-2025	Fulfiller Code : SH71532
Date of Inception : 29-Mar-2025 of first policy	
Policy Category : New	Intermediary Code : BA0000764325
Collection No : 613031/RV/2025/0210403034	Name : GULLA RAJESH
Collection Date : 29-Mar-2025	
Base Product Premium : Rs. 13,104/-	Phone No : 9550755039/9550755039
Life Style and Habit related & Other discounts : Rs. 0/-	E-mail Id : rajeshgulla846@gmail.com
Medical U/W Loading : Rs. 0/-	
EMI Loading : Rs. 0/-	
Optional Cover Loading : Rs. 9,978/-	
Optional Cover Discount : Rs. 0/-	
CGST @ 9% : Rs. 2,077/-	
SGST @ 9% : Rs. 2,077/-	
Total Premium : Rs. 27,236/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Seven thousand two hundred thirty six only	
Period of Insurance : From : 29-Mar-2025 13:54 Hrs To : Midnight of 28-Mar-2026 Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-	

Entered by : CUSTPORTAL
Approved by : PORTAL

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 9

Attached to and forming part of Policy No: 3408112500035707

Scheme Description (Family Size) : 2A	Basic Floater Sum Insured : Rs. 25,00,000/-
Total Sum Insured In Words : Rupees Twenty Five lakhs only	
Plan Type: FLOATER	Bonus : Rs. 0/-

Details of Insured Persons :

No. of Persons Insured : 2

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	GOTTIPALLI SAI PRASAD	Male	15-Jun-1993	31	Self	PI0008434108	29-Mar-2025
Pre Existing Disease : No PED Declared							
2	REDDY NAVEENA	Female	15-Mar-1994	31	Spouse	ME0466701734	29-Mar-2025
Pre Existing Disease : No PED Declared							

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024
DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 9

S. No.	Name of additional cover(s)	Status
1	Coverage for Non- Medical Items (Consumables cover Table I (68 Items))	Covered
2	E-International Second Opinion	Covered
3	Annual Health Check-up	Covered
4	Limitless Care	Covered
5	Compassionate Visit	Covered

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	REDDY PRAVEENA	Spouse	31	100			

Sector Classification:

Urban	Urban
-------	-------

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/52024"

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

CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/52024

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Parvathipuram on 29th Day of March 2025.

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/52024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 4 of 9

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.

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of 9

Hospitalisation Benefit Policy

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

Policy No : 3408112500035707

Type of Policy : Super Star

Issue Office : 613031-Branch Office - Parvathipuram

Address : 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX,
BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501
PARVATHIPURAM
Vizianagaram Mandal Andhra Pradesh 535501

Tel / Fax : 08963-299997

Email : parvathipuram.bo@starhealth.in

This is to certify that GOTTIPALLI SAI PRASAD . has paid Rs 27,236/- (Total Premium : Indian Rupees Twenty Seven thousand two hundred thirty six only) towards Premium for Hospitalization Insurance vide Policy No: 3408112500035707 for the Period 29-Mar-2025 To 28-Mar-2026 issued on 29-Mar-2025.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0210403034/1 Receipt
Date: 29-Mar-2025

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 : 29-Mar-2025

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

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024
DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 6 of 9



Star Health And Allied Insurance Company Limited



Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No : 3408112500035707

Name	DOB	Gender	Customer id
GOTTIPALLI SAI PRASAD .	15-Jun-1993	Male	PI0008434108
REDDY NAVEENA .	15-Mar-1994	Female	ME0466701734

Valid From : 29-Mar-2025

Valid Till : 28-Mar-2026

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

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024
DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 7 of 9

Tax Invoice

Invoice No.	: 3725031003633815	Customer ID	: PI0008434108
Invoice Date	: 29-Mar-2025	Policy No.	: 3408112500035707
Recipient		Supplier	
GSTIN	:	GSTIN	: 37AAJCS4517L1ZX
Name	: GOTTIPALLI SAI PRASAD .	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram
Address	: 41-52, RAO VARI VEEDHI, BOBBILI VIZIANAGARAM	Address	: 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM
City	: Bobbili Mandal	City	: Vizianagaram Mandal
State	: Andhra Pradesh	State	: Andhra Pradesh
Pin Code	: 535558	Pin Code	: 535501
Client Category	: IND	Place of supply	: Andhra Pradesh

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	23,082.00	0	23,082.00	0	2,077.00	2,077.00	0	27,236.00

Total Invoice Value (in Figures)

: Rs. 27,236/-

Total Invoice Value (in Words)

: Rupees Twenty Seven thousand two hundred thirty six 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

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024 DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 8 of 9

Name Of the Product	Super Star
Product UIN No.	SHAHLIP25036V012425

Summary of Important Benefits-Basic Cover

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)	5 Lakh	7.5 Lakh	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	1Crore	Unlimited SI	
	Room Category	Any Room									
1	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual									II. 1
	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual									
2	Day care Treatment	All Day Care treatments are Covered									II. 2
3	Pre-Hospitalization Expenses	Up to 90 days prior to the date of hospitalization									II. 3
4	Post-Hospitalization Expenses	Up to 180 days from the date of discharge from the hospital									II. 4
5	Coverage for Modern Treatments	Actual									II. 5
6	AYUSH Treatment	Actual									II. 6
7	Road Ambulance Expenses	Actual									II. 7
8	Air Ambulance	Covered up to Rs.5,00,000/- in a policy year									II. 8
9	Organ Donor Expenses	Actual									II. 9
10	Home care treatment	Actual									II. 10
11	Domiciliary Hospitalization	Actual									II. 11
12	E-Domestic Second Medical Opinion	Available									II. 12
13	Premium Waiver	For one policy year incase of first diagnosis of critical illness/ incase of death of proposer who is also insured									II. 13
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum of 100% of the sum insured									II. 14
15	Automatic Restoration of Sum Insured	Sum Insured will be restored unlimited number of times and maximum up to 100% each time									II. 15
16	Tele-Consultation	Available unlimited times on star health mobile app									II. 16
	AI Driven Face Scan	Available up to 2 times per month per insured in a policy year on star health mobile app									
17	Dental Check-up & Cleaning	For one Insured Person under each policy in a policy year, available in 2nd & 3rd policy year									II. 17
18	Value Added Services	Discounts available on pharmacy, diagnostics and consultation on star health mobile app									II. 18
19	Freeze Your Age	Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment /Ayush Treatment under Basic Cover.									II. 19
20	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities									II. 20

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

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/2990/2024
DT:20/5/2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 9 of 9