

Personal & Caring Insurance
The Health Insurance Specialist

Date: 10-Aug-2024

IMPORTANT

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KONDURU GANESH , D.NO-20-140, NAIDU STREET, KOTHA VALASA,

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 94XXXXXX04

Dear Customer,

Re: Health Insurance Policy - 11250564836701

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

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

With kind regards,

Authorised 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 6



Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 26,324/- towards renewal premium of <u>policy</u> <u>number:P/613031/01/2024/000028</u>, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorseme	ent No:11250564836701	Health Insurance The Health Insurance
Customer Code : 34045489	GSTIN Health Insurance	: 37AAJCS4517L1ZX
Customer Name : KONDURU GANESH	SAC Code in insurance Specialist	: 997133 / Accident and Health
Cust CKYC No : -	Green Fallett	Insurance Services
Proposer Code : 34045489	Issuing Office Code	: 613031
Proposer Name : KONDURU GANESH	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address: D.NO-20-140, NAIDU STREET, KOTHA VALASA,	Issuing Office Address	LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM
Parvathi Puram Mandal Andhra Pradesh 535501	TOTAL SPECIAL STATE IN	Vizianagaram Mandal Andhra Pradesh 535002
Phone No : 94XXXXXX04	Phone No Health The H	TST.
E-mail Id : koXXXXXXXXXX9@gmail.com	E-mail Id	Health Personal Insurance
Proposer GSTIN : NO	Place of Supply	: Andhra Pradesh
Proposal date : 11-Aug-2023	Fulfiller Code	: SH71532
Date of Inception: 11-Aug-2023 of first policy	Arsonal & Carine Insurance	Health Personal 6 Center Inches Specialist
Renewal Year : First Year	Intermediary	: BA0000764325
Collection No : 613031/RV/2025/0153930588	Code Insurance The Health Insurance	Health Health
Collection Date : 10-Aug-2024	The Health Insurance Sp	realth Personal's Carina Insurance The Insurance Specialist
Premium Rs. 22,308/-	Name Health Insurance	: GULLA RAJESH
CGST @ 9% : Rs. 2,008/- Health Insurance Specified	Phone No	:9550755039/955075503 9
SGST @ 9% Rs. 2,008/-	E-mail Id	:rajeshgulla846@gmail.
Total Premium : Rs. 26,324/- Stamp Duty : Re. 1/-	Health Insurance Present & Carine Insurance Present & Carine Insurance Present Insurance Special Insurance Present Insurance I	DOUBLING TO THE PROPERTY OF TH
Total Premium In Words: Rupees Twenty Six the twenty four only	ousand three hundred	Health Insurance Presents & Carina Presents & Ca
PERIOD OF INSURANCE : From : 11-Aug-2024 00:00	To: Midnight Of 10	0-Aug-2025 Policy Term : 1 Year
Installment Facility Option: No Premium Payment Fre	equency:Annual In	stallment Amount Rs. : 0/-
Policy Type : FLOATER	Scheme Description: 2/	A+2Corporal & caring I lines
Basic Floater Sum Insured: Rs. 10,00,000/-	Bonus : Rs. 2,50,000/-	A TABLE Health
Sum Insured In Words : Rupees Ten lakhs only	Insurance The Hastii	Health Personal & Land
Optional Cover (Deductible): No	Deductible: Rs. 0/-	Personal & Carine 1 III

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

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: 11250564836701

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	KONDURU GANESH	Male	29-Jul-1988	36	Self	34045489-1	11-Aug-2023
Pre E	xisting Disease: No PED De	eclared	A FEE Health	To and	insurance Specialist		Health Insura
2	KONDURU MOUSAMI	Female	25-Jul-1992	32	Spouse	34045489-2	11-Aug-2023
Pre E	xisting Disease : No PED De	eclared		1	Health Insurance Insurance	Health Insurance Spe	A = = = =
salth 3	KONDURU DEVANSH SAI	Male	02-May-2019	rance 5 The H	Son	34045489-3	11-Aug-2023
Pre E	xisting Disease : No PED De	eclared Health	The Health In a Fall		Health Health	Parsons & Carms Insurance Specialist	_
4	KONDURU YUVANSH SAI	Female	08-Nov-2021	Health 2	Personal & Carlon Institution Daughter	34045489-4	11-Aug-2023
Pre E	xisting Disease : No PED De	eclared	personal a comme	ecialist		STATE Health	The Health Insurance

Nominee Details:

Nominee Details for the Proposer				Appointee Details					
S.No	Name Personal & Caling In Personal & Caling In Property of the Health Insurance (Special Control of the Health Insuranc	Relationship with proposer	_	% of the claim	Appo Health Insurance	resonal & Carlos Insurance Specialis	Appointee Age	Relationship with nominee	
1 1	KONDURU MOUSAMI	Health Insurance	32	100	a a a a supply	Personal a carine Indus	th remain a fee Health Insult	Parins (manufacture of manufacture	

Sector Classification:

Urban Petrania Petran	the Health Insur

"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).

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.

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage

Other excluded expenses as detailed in our website www.starhealth.in

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Parvathipuram on 10th Day of August 2024.

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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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.

: CUSTPORTAL Entered by Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Hospitalisation Benefit Policy

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

Policy No : 11250564836701 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 KONDURU GANESH has paid Rs 26,324/- (Total Premium: Indian Rupees Twenty Six thousand three hundred twenty four only) towards Premium for Hospitalization Insurance vide Policy No: 11250564836701 for the Period 11-Aug-2024 To 10-Aug-2025 issued on 10-Aug-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0153930588/1 Receipt Date: 10-Aug-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: 10-Aug-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

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Tax Invoice



Invoice No.	: 372408I002066	197	Customer :	ID:	34045489	III Insurance Spiller				
Invoice Date	e : 10-Aug-2024		Policy No.	personal b	1125056483670	1 STAR				
The state of the s	Recipient		113.61	Supplier						
GSTIN	Personal &	Caring History	GSTIN		37AAJCS4517L1	ZX, Insurance Specific				
Name Personal F	: KONDURU GANE	SH	Name Insurance	WHERE RESIDEN	Star Health and Branch Office - F	Allied Insurance Co Ltd -				
Address : D.NO-20-140, NAIDU STREET,			Address	A .	4TH FLOOR, PSN	I ESTATES Insurance				
	KOTHA VALASA, MANG SPERMEN			S	LTB ROAD, NR. I	RTC COMPLEX				
Health Perso	Insurance Specialist	<	Health Insurance	The Hea	PARVATHIPURAN	1 A Parsonal				
City	: Parvathi Puram Mandal	Pin Codeh: 5355	O1 City	7.5	Vizianagaram Mandal	Pin Code : 535002				
State mourance The He	Andhra Pradesh	Client : IND Category	State Health Insurance		Andhra Pradesh	Place of : Andhra Pradesl				

UCN / CAC		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	22,308.00	Her Ons	22,308.00	0	2,008.00	2,008.00	Personal & Carin	26,324.00

Total Invoice Value (in Figures) : Rs. 26,324/-

Total Invoice Value (in Words) : Rupees Twenty Six thousand three hundred twenty four 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.

Authorised Signatory

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