

Date: 23-Oct-2024
IMPORTANT

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

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 73XXXXXX45

Dear Customer,

## Re: Health Insurance Policy - 11240471900601

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 5



# Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223

In Consideration of payment of Rs. 20,143/- towards renewal premium of <u>policy</u> <u>number:11240471900600</u>, the policy stands renewed for a further period of 1 Year as per the details given below

	Renewal Endorsemen	nt No:11240471900601	Health Insurance The Health Insurance
Customer Code :	PI0004341158	GSTIN Health Insurance Insurance	: 37AAJCS4517L1ZX
Customer Name :	GUNUPURU VENKATARAO	SAC Code	: 997133 / Accident and Health
Cust CKYC No :	60021949624227	allet	Insurance Services
Proposer Code :	PI0004341158	Issuing Office Code	: 613031
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	SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM
Health Insurance The Health Insura	A = E Mealth	it & Carles   Insurance   The Humber   The H	Vizianagaram Mandal Andhra Pradesh 535501
Phone No A:	73XXXXXX45 Francial & Carlos Insurance	Phone No	: 08963-299997
E-mail Id	cbXXX0610X@gmail.com	E-mail Id	: parvathipuram.bo@starhealth .in
Proposer GSTIN :	NO Sectional & Carinot Insurance The Ho	Place of Supply	null Personal & Cering, I have a property to the personal a cering, I have a cering a cering, I have a cering a cer
Proposal date	26-Oct-2023	Fulfiller Code	: SH71532
Date of Inception: of first policy	26-Oct-2023	Personal & Carine Linsurance Personal & Carin	Health Insurance Prisolalist
Renewal Year : Collection No :	First Year 613031/RV/2025/0169820075	Intermediary Code	: BA0000764325
Collection Date :	23-Oct-2024	The Health Insurance of	uealth personal & Carnet Insurance
Premium Health :	Rs. 17,071/-	Name Health Insurance The Realth	: GULLA RAJESH
CGST @ 9%	Rs. 1,536/- Health Insurance Insurance Specific Insurance Insura	Phone No	:9550755039/955075503 9
SGST @ 9% Handle in the Handle is the Handle in the H	Rs. 1,536/-	E-mail Id	:rajeshgulla846@gmail.
Total Premium : Stamp Duty   Health   H	Rs. 20,143/-	Percon a Caring Insurance Percon Inc.	Production of the second secon
Total Premium In	Words : Rupees Twenty thousar	nd one hundred forty the	hree Health Insurance The Health Insurance The Health Insurance Special Insurance The Health Insurance Special Insurance
PERIOD OF INSURA	NCE : From : 26-Oct-2024 00:00	To: Midnight Of 25	5-Oct-2025 Policy Term :1 Year
Installment Facility	Option: No Premium Payment Free	quency:Annual In	stallment Amount Rs. : 0/-
Policy Type : FLOATE	The Mealth Insurance The Mealth Insurance	Scheme Description: 2A	A+1C Personal B. Caring
Basic Floater Sum I	nsured : Rs. 10,00,000/-	<b>Bonus :</b> Rs. 2,50,000/-	<b>VETAR</b>
Sum Insured In Wo	rds: Rupees Ten lakhs only	Insurance   The House	Health Personal & Commission of the Health Insurance

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: 11240471900601

#### **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	GUNUPURU VENKATARAO	Male	20-Nov-1990	33	Self	PI0004341158	26-Oct-2023
Pre E	xisting Disease: No PED D	eclared	A FAR Health	ce The Health	sonal & carries		Health Insurar
ance 2	MANINTI SIRISHA	Female	08-Aug-1992	32	Spouse	ME0440898368	26-Oct-2023
Pre E	xisting Disease : No PED D	eclared		5	Health Insurance Insurance	Health Insurance Specific	A = 8 E
ealth 3	GUNUPURU JEEVANSH	Male	14-Apr-2023	th trance	Son	ME0440898369	26-Oct-2023
Pre E	xisting Disease: No PED D	eclared	The Health Insurantee		Health	Parsons & caring I Instrum.	A

#### **Nominee Details:**

Specialis	Nominee Det	ails for the Prop	pose	Appointee Details				
S.No Health Insuran Tince Specialist	Name Republication of the Market Specialist	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee	
1	Maninti Sirisha	Spouse	32	100	Personal & Carlos Insurance Specialis		<b>ST</b>	

### **Sector Classification:**

1 - A-Administration	Carllet I may	
Urban	Health Insurance The Health Insurance Space	Really Results of the Land Control of the Land

## "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 23rd Day of October 2024.

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

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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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 : 11240471900601 Type of Policy : Assure Insurance-2021

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 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: 11240471900601 for the Period 26-Oct-2024 To 25-Oct-2025 issued on 23-Oct-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0169820075/1 Receipt Date: 23-Oct-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: 23-Oct-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

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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# **Tax Invoice**



Invoice No.	: 372410I002509	9405		Customer II	D <sub>1</sub>	PI0004341158	In Insurance Specially	Α
Invoice Date	: 23-Oct-2024		A-TAR	Policy No.	personal &	1124047190060	1	STAR H
	Recipient	:		msur		Suppl	ier	Q a favor
GSTIN	Parsonal 1	& Caring   Historian		GSTIN	ET	37AAJCS4517L1	ZX, Tesurance Special	Λ
Name Personal & Comments of the Health Insura	: GUNUPURU VE	NKATARAO		Name Insurance	Person a Health I	Star Health and Branch Office - F		The Carting
Address : D.NO-O, Rayagada Road,				Address	S SHOPPING			
Health Persons	PARVATHIPUTA	M Health		Health Insurance Insurance Specialist		BYPASS ROAD, I PARVATHIPURAN PARVATHIPURAN	۱- 535501	BA TEMPLE,
City	: Parvathi Puram Mandal	Pin Code :	535501	City  Health Insurance	1	Vizianagaram Mandal	Pin Code	: 535501
State	: Andhra Pradesh	Client : Category	IND The Hor	State craist	<	Andhra Pradesh	Place of supply	: Andhra Pradesh

11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
0 0	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	Health 17,071.00	in insurance Specie	17,071.00	0	1,536.00	1,536.00	The Health Instituti	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

IRDAI Regn.No.129 Corporate Identity Number L66010TN2005PLC056649

Email ID: stargst@starhealth.in

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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