



Star Health And Allied Insurance Company Limited

Hospitalisation Benefit Policy

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

Policy No : 7893112501027044

Type of Policy : Assure Insurance-2021

Issue Office : 613006-Branch Office - Vizianagaram

Address : Ltb Road
4Th Floor
Psn Estates,Near Rtc Complex
Vizianagaram Mandal Andhra Pradesh 535003

Tel / Fax : 08922230891

Email : vizianagaram.bo@starhealth.in

This is to certify that KARTHEEK GOTTAPU has paid Rs 15,042/- (Total Premium : Indian Rupees Fifteen thousand forty two only) towards Premium for Hospitalization Insurance vide Policy No: 7893112501027044 for the Period 10-May-2025 To 09-May-2026 issued on 10-May-2025.

Payment received by Payment Gateway vide Receipt No: 613006/RV/2026/0223685072/1 Receipt
Date: 10-May-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 : 30-May-2025

For and on behalf of

Place : Branch Office - Vizianagaram

Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

Date : 30-May-2025

IMPORTANT

To,
KARTHEEK GOTTAPU,
S O GOTTAPU SRI RAMA MURTHY 31 148 BURADA STREET
BELGAM PARVATHIPURAM

Parvathipuram, Andhra Pradesh-535501
Mobile : 9820366722

Dear Customer,

Re: Health Insurance Policy - 7893112501027044

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.

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/8383/2024
DT:17/1/2025.

Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V02223

In Consideration of payment of Rs. 15,042/- towards renewal premium of policy number:11250916610600, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:7893112501027044		
Customer Code : PI0005549237	GSTIN : 37AAJCS4517L1ZX	
Customer Name : KARTHEEK GOTTAPU	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : 40016600066818		
Proposer Code : PI0005549237	Issuing Office Code : 613006	
Proposer Name : KARTHEEK GOTTAPU	Issuing Office Name : Branch Office - Vizianagaram	
Proposer Address : S O GOTTAPU SRI RAMA MURTHY 31 148 BURADA STREET BELGAM PARVATHIPURAM	Issuing Office Address : Ltb Road 4Th Floor Psn Estates,Near Rtc Complex Vizianagaram Mandal Andhra Pradesh 535003	
Parvathipuram Andhra Pradesh 535501		
Phone No : 9820366722	Phone No : 08922230891	
E-mail Id : kartheekgottapu@gmail.com	E-mail Id : vizianagaram.bo@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Andhra Pradesh	
Proposal date : 08-May-2024	Fulfiller Code : SH71532	
Date of Inception : 09-May-2024 of first policy		
Renewal Year : First Year	Intermediary Code : BA0000764325	
Collection No : 613006/RV/2026/0223685072	Name : GULLA RAJESH	
Collection Date : 10-May-2025		
Premium : Rs. 12,748/-	Phone No : 9550755039/9550755039	
CGST @ 9% : Rs. 1,147/-	E-mail Id : rajeshgulla846@gmail.com	
SGST @ 9% : Rs. 1,147/-		
Total Premium : Rs. 15,042/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Fifteen thousand forty two only		
PERIOD OF INSURANCE : From : 10-May-2025 10:25 To : Midnight Of 09-May-2026		Policy Term : 1 Year
Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-		

Entered by : SH52464
Approved by : SH52464

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: 7893112501027044

Policy Type : FLOATER	Scheme Description : 2A+2C
Basic Floater Sum Insured : Rs. 20,00,000/-	Bonus : Rs. 5,00,000/-
Sum Insured In Words : Rupees Twenty lakhs only	
Optional Cover (Deductible) : Yes	Deductible : Rs. 1,00,000/-

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	KARTHEEK GOTTAPU	Male	05-Jul-1990	34	Self	PI0005549237	09-May-2024
Pre Existing Disease : No PED Declared							
2	BONU ANITHA	Female	08-Dec-1996	28	Spouse	ME0445197371	09-May-2024
Pre Existing Disease : No PED Declared							
3	GOTTAPU BHAVYAN	Male	23-May-2019	5	Son	ME0445197372	09-May-2024
Pre Existing Disease : No PED Declared							
4	GOTTAPU MOHNISH	Male	11-Oct-2023	1	Son	ME0445197373	09-May-2024
Pre Existing Disease : No PED Declared							

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	BONU ANITHA	Spouse	29	100			

Sector Classification:

Urban

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/8383/2024 DT:17/1/2025."

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.

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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 - Vizianagaram on 30th Day of May 2025.

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.

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Approved by : SH52464

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Tax Invoice

Invoice No.	: 9825051002113583	Customer ID	: PI0005549237
Invoice Date	: 10-May-2025	Policy No.	: 7893112501027044
Recipient		Supplier	
GSTIN	:	GSTIN	: 37AAJCS4517L1ZX
Name	: KARTHEEK GOTTAPU	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Vizianagaram
Address	: S O GOTTAPU SRI RAMA MURTHY 31 148 BURADA STREET BELGAM PARVATHIPURAM	Address	: Ltb Road 4Th Floor Psn Estates,Near Rtc Complex
City	: Parvathipuram	City	: Vizianagaram
State	: Andhra Pradesh	State	: Andhra Pradesh
Pin Code	: 535501	Pin Code	: 535003
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	12,748.00	0	12,748.00	0	1,147.00	1,147.00	0	15,042.00

Total Invoice Value (in Figures) : Rs. 15,042/-
Total Invoice Value (in Words) : Rupees Fifteen thousand forty two 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**

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 Approved by : SH52464

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