

Personal a Carros Insurance

Date: 19-Dec-2024

**IMPORTANT** 

To

PEDIREDDI SRINIVASA RAO NAIDU, 3-41, Main street Garugubilli

Garugubilli, Andhra Pradesh-**535463** Mobile: 89XXXXXX67

Dear Customer,

## Re: Health Insurance Policy - 7671112401009379

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.

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

In Consideration of payment of Rs. 29,439/- towards renewal premium of policy number:11240578535600, the policy stands renewed for a further period of 1 Year as per the details given below

Customer Code :	PI0004703612	GSTIN Health	: 37AAJCS4517L1ZX
Customer Name:	PEDIREDDI SRINIVASA RAO	Couling I Have	: 997133 / Accident and Health Insurance Services
Proposer Code :	PI0004703612	Issuing Office Code	: 613031
Proposer Name :	PEDIREDDI SRINIVASA RAO	Issuing Office Name	: Branch Office - Parvathipuran
Proposer Address:  Health Instruction  Trothering  Health Instruction  Trothering  Trother	3-41, Main street Garugubilli Garugubilli Andhra Pradesh 535463	Issuing Office Addressing Health Industries Institute In	: 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535501
Phone No	89XXXXXX67	Phone No	: 08963-299997
E-mail Id	peXXXXXXXXXXXX1975@gmail.co	E-mail Id	: parvathipuram.bo@starhealth
Proposer GSTIN :	NO Health personal The Health Insurance Specialis	Place of Supply	inult*
Proposal date :	20-Dec-2023	Fulfiller Code	: SH71532
Date of Inception: of first policy	20-Dec-2023	Political Control of the Control of	Health Insurance To Health Insurance To Health Insurance To Health Insurance To Health Insurance Specialist
Renewal Year :	First Year	Intermediary	: BA0000764325
Collection No :	613031/RV/2025/0182088951	Code	Health Insurance
Collection Date :	19-Dec-2024	<b>1 1 5 1</b>	Health Insurance The Health In
Premium s. caring Health Insurance	Rs. 24,949/-	Name Health Insurance The Health Insurance The Health	: GULLA RAJESH
CGST @ 9%	Rs. 2,245/- Specific	Phone No	:9550755039/955075503 9
SGST @ 9%	Rs. 2,245/-	E-mail Id	: rajeshgulla846@gmail
Total Premium	Rs. 29,439/-	Personal a Caring Insurance	A TER HEAD
Stamp Duty Strange Specialist	Re. 1/-	The Health Industrial	Pessonal & Caring   Insurance Special

PERIOD OF INSURANCE : From : 20-Dec-2024 00:00 To: Midnight Of 19-Dec-2025 Policy Term :1 Year Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs.: 0/-Policy Type: FLOATER Scheme Description: 2A+2C Basic Floater Sum Insured: Rs. 10,00,000/-Bonus: Rs. 2,50,000/-Sum Insured In Words: Rupees Ten lakhs only Optional Cover (Deductible): No Deductible: Rs. 0/-

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



## Attached to and forming part of Policy No: 7671112401009379

#### **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	PEDIREDDI SRINIVASA RAO NAIDU Health	Health Insurance or Space Male	05-Jun-1975	49	anal & caring Insulation	PI0004703612	20-Dec-2023
Pre E	xisting Disease : No PED De	eclared	Health Insuran	The Health	Insurance	Health	Personal & Caring   Insure
2	PEDDIREDDI SUBHASHINI	Female	16-Aug-1980	44 /	Spouse	ME0442359057	20-Dec-2023
Pre E	xisting Disease : No PED De	eclared	人工工程配 Hea	alth	Personal & Carino Indiana Control Specialist	A.	STAR H
surance	PEDIREDDI HASVANTH SAI	Maleauh	03-Jul-2008	16	Son	ME0442359058	20-Dec-2023
Pre E	xisting Disease : No PED De	eclared Specialist		1	Health Insurance	The Health Insurance Spo	A = 5.55
H4th Insurance	PEDIREDDI NEHA NAIDU	Female	09-Oct-2013	Health Insurance	Daughter	ME0442359059	20-Dec-2023
Pre E	xisting Disease: No PED De	eclared and insura	nce The Health insurance 3		A FARE Health	Personal & Carina Pressellist	THE TOTAL PROPERTY OF THE PARTY

### **Nominee Details:**

Nominee Details for the Proposer				Appointee Details				
S.No	Name III He	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee	
1	PEPEDIREDDI	Health Insurance Spouse	44	100	Personal a Carine	personal of the Health Insur	not Specialis	
	SUBHASHINI	eclalis <sup>1</sup>		<b>S</b> 51	Health Insurance The Health Insurance	A		

### **Sector Classification:**

	Urban	Parso at & Caring Insurance	Urban Health	partonal à Come
7	- Lucalth	The Institute		

#### "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 19th Day of December 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 : 7671112401009379 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 PEDIREDDI SRINIVASA RAO NAIDU has paid Rs 29,439/- (Total Premium: Indian Rupees Twenty Nine thousand four hundred thirty nine only) towards Premium for Hospitalization Insurance vide Policy No: 7671112401009379 for the Period 20-Dec-2024 To 19-Dec-2025 issued on 19-Dec-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0182088951/1 Receipt Date: 19-Dec-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: 19-Dec-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.	: 372412I002863021	Customer ID	: PI0004703612
<b>Invoice Date</b>	: 19-Dec-2024	Policy No.	: 7671112401009379
e de la companya de l	Recipient	Insula	Supplier
GSTIN	posonal a Carlog ) his	GSTIN	: 37AAJCS4517L1ZX
Name Personal & C	: PEDIREDDI SRINIVASA RAO NAIDU	Name Insurance	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram
Address	: 3-41, Main street	Address	: 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE,
health hourance The Health Ins	urans Steeling	Health Insurance Insurance Ith Insurance Specialist	PARVATHIPURAM- 535501 PARVATHIPURAM
City	: Garugubilli Pin Code : 535463	City Health	: Vizianagaram Mandal Pin Code : 535501
State	: Andhra Pradesh Client : IND Category	State ralis	: Andhra Pradesh Place of supply Andhra Pradesh

		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	24,949.00	th Insurance Specie	24,949.00	0	2,245.00	2,245.00	The Health Insurant	29,439.00

Total Invoice Value (in Figures) : Rs. 29,439/-

Total Invoice Value (in Words) : Rupees Twenty Nine thousand four hundred thirty nine 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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