

Date : 18-Jan-2025

IMPORTANT

To,
CHANDRA SEKHAR SALAPU,
D.No-17-1-8/10
vivekananda colony
Rayagada Road
Parvathi Puram Mandal, Andhra Pradesh-535501
Mobile : 9494447447

Dear Customer,

Re: Health Insurance Policy - 7029112401221293

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. 13,580/- towards renewal premium of policy number:11240639739100, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:7029112401221293		
Customer Code : PI0004845950	GSTIN : 37AAJCS4517L1ZX	
Customer Name : CHANDRA SEKHAR SALAPU	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : 30031992712560		
Proposer Code : PI0004845950	Issuing Office Code : 613031	
Proposer Name : CHANDRA SEKHAR SALAPU	Issuing Office Name : Branch Office - Parvathipuram	
Proposer Address : D.No-17-1-8/10 vivekananda colony Rayagada Road Parvathi Puram Mandal Andhra Pradesh 535501	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 : 9494447447	Phone No : 08963-299997	
E-mail Id : WWW.SCHANDRASEKHAR@GMAIL L.COM	E-mail Id : parvathipuram.bo@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Andhra Pradesh	
Proposal date : 12-Jan-2024	Fulfiller Code : SH71532	
Date of Inception : 13-Jan-2024 of first policy		
Renewal Year : First Year	Intermediary Code : BA0000764325	
Collection No : 613031/RV/2025/0188246588	Name : GULLA RAJESH	
Collection Date : 12-Jan-2025	Phone No : 9550755039/9550755039	
Premium : Rs. 11,508/-	E-mail Id : rajeshgulla846@gmail.com	
CGST @ 9% : Rs. 1,036/-		
SGST @ 9% : Rs. 1,036/-		
Total Premium : Rs. 13,580/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Thirteen thousand five hundred eighty only		
PERIOD OF INSURANCE : From : 13-Jan-2025 00:00 To : Midnight Of 12-Jan-2026 Policy Term :1 Year		
Installment Facility Option:No Premium Payment Frequency :Annual Installment Amount Rs. : 0/-		
Policy Type : INDIVIDUAL		

Entered by : SH83180
Approved by : SH83180

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.

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Attached to and forming part of Policy No: 7029112401221293

Details of Insured Persons:

SI No	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relation with Proposer	ID Card No	Sum Insured Rs.	No Claim Bonus	Optional Cover (Deductible)	Deductible	Inception Date
1	CHANDRA SEKHAR SALAPU	Male	18-May-1993	31	Self	PI00048 45950	20,00,000	2,50,000	No	0	18-Jan-2022

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	SALAPU NAGAMANI	Mother	49	100			

Sector Classification:

Urban	Urban
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"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 18th Day of January 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 : SH83180

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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 : 7029112401221293

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 CHANDRA SEKHAR SALAPU has paid Rs 13,580/- (Total Premium : Indian Rupees Thirteen thousand five hundred eighty only) towards Premium for Hospitalization Insurance vide Policy No: 7029112401221293 for the Period 13-Jan-2025 To 12-Jan-2026 issued on 12-Jan-2025.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2025/0188246588/1 Receipt
Date: 12-Jan-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 : 18-Jan-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 : SH83180
Approved by : SH83180

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For Star Health and Allied Insurance Company Ltd.


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Tax Invoice

Invoice No.	: 3725011003067865	Customer ID	: PI0004845950
Invoice Date	: 12-Jan-2025	Policy No.	: 7029112401221293
Recipient		Supplier	
GSTIN	:	GSTIN	: 37AAJCS4517L1ZX
Name	: CHANDRA SEKHAR SALAPU	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Parvathipuram
Address	: D.No-17-1-8/10 vivekananda colony Rayagada Road	Address	: 1st FLOOR, URLA BROTHER'S SHOPPING COMPLEX, BYPASS ROAD, NEAR SAIBABA TEMPLE, PARVATHIPURAM- 535501 PARVATHIPURAM
City	: Parvathi Puram Mandal	City	: Vizianagaram Mandal
State	: Andhra Pradesh	State	: Andhra Pradesh
Pin Code	: 535501	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	11,508.00	0	11,508.00	0	1,036.00	1,036.00	0	13,580.00

Total Invoice Value (in Figures)

: Rs. 13,580/-

Total Invoice Value (in Words)

: Rupees Thirteen thousand five hundred eighty 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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For Star Health and Allied Insurance Company Ltd.

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