

Date: 20-Dec-2023

IMPORTANT

To

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

Garugubilli, Andhra Pradesh-535463

Mobile: 89XXXXXX67

Dear Customer,

Re: Health Insurance Policy - 11240578535600

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

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

With kind regards,

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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 9



Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223 POLICY SCHEDULE

Health Insurance	POLICY'S	CHEDULE	Health Incurrence
Policy No. :	11240578535600 Februari & Carlot Insurance	Previous Policy No	Health Personal & Color Age of
Customer Code :	PI0004703612	GSTIN	: 37AAJCS4517L1ZX
Customer Name :	PEDIREDDI SRINIVASA RAO NAIDU	SAC Code il s carine l'insurano	: 997133 / Accident and Health Insurance Services
Proposer Code :	PI0004703612 Health Insurance The Health Insurance Spreadown	Issuing Office Code	: 613031 in Hourance
Proposer Name	PEDIREDDI SRINIVASA RAO NAIDU	Issuing Office Name	: Branch Office - Parvathipuram
Proposer Address:	3-41, Main street Garugubilli Garugubilli Andhra Pradesh 535463	Issuing Office Address Health Insurance Insur	: 4TH FLOOR, PSN ESTATES LTB ROAD, NR. RTC COMPLEX PARVATHIPURAM Vizianagaram Mandal Andhra Pradesh 535002
Phone No :	89XXXXX67	Phone No	The Health Insurance Specialist
E-mail Id	peXXXXXXXXXXXX1975@gmail.co m	Fe-mail Id Parsona & Carella Insurance Specialist	A FEE Health
Proposer GSTIN :	NO The Health Insurance The He	Place of Supply	: Andhra Pradesh
Proposal date :	20-Dec-2023	Fulfiller Code	: SH71532
Date of Inception: of first policy	Health Insurance The Health Insurance	The House special insurance when the House special insurance in the House special insurance i	Venith Person & Control of Contro
Policy Category :	Insurance	Intermediary	: BA0000764325
Collection No :	613031/RV/2024/0087652348	Code	Health Per
Collection Date :	20-Dec-2023 Regard & Carlet Insurance Inc. HEC	The memories of the second	smalth personal a caring Insurance
Premium Health Insurance Inches	Health Insurance	Name Health Parcenal a Carles Parcenal a Car	: GULLA RAJESH
CGST @ 9%	Rs. 2,245/alth	Phone No	:9550755039/955075503 9
SGST @ 9% market :	Rs. 2,245/-	E-mail Id	: rajeshgulla846@gmail.
Total Premium : Stamp Duty :	Rs. 29,439/-	Personal & Cried Insurance President Insurance	MINISTER STEERINGS STEERIN
Total Premium Ir	n Words: Rupees Twenty Nine the	ousand four hundred t	hirty Health Insurance Transporter Mariance Specialist
PERIOD OF INSURA	ANCE : From : 20-Dec-2023 12:20	To: Midnight Of 19	P-Dec-2024 Policy Term :1 Year
Installment Facility	Option: No Premium Payment Freq	uency:Annual Ins	stallment Amount Rs. : 0/-
Policy Type : FLOAT	ER Health Insurance	Scheme Description: 2A	A+2Cost & Carine Lineurane
Basic Floater Sum 1	Insured : Rs. 10,00,000/-	Bonus : Rs. 0/-	A = E Realth
Sum Insured In Wo	ords: Rupees Ten lakhs only	the Health III	Mealth personal a Carrier
Optional Cover (De	ductible): No Health Insurance	Deductible : Rs. 0/-	Personal & Carink Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial
/ -= ==	mando Sp	E E E E Ingurance	The Harman

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.

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Page 2 of 9



Attached to and forming part of Policy No: 11240578535600

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 Ice Spee Male	05-Jun-1975	48	He Self Industrial	PI0004703612	20-Dec-2023
Pre E	xisting Disease : No PED D	eclared	Personal & Cating Health Insuran	te The Healt	I Insulation	Les El Health	Personal & Carine Insurance Speciali
2	PEDDIREDDI SUBHASHINI	Female	16-Aug-1980	43	Spouse	ME0442359057	20-Dec-2023
Pre E	xisting Disease : No PED D	eclared	A FAR HE	alth	Personal & Carino Institution		STAR
surance	PEDIREDDI HASVANTH SAI	Male	03-Jul-2008	15	Son	ME0442359058	20-Dec-2023
Pre E	xisting Disease : No PED D	eclared		5	Health Insurance	The Health Insurance Special	A = 5 5
H4Ith Insurance	PEDIREDDI NEHA NAIDU	Female	09-Oct-2013	Health Insurance Included 10	Daughter	ME0442359059	20-Dec-2023
Pre E	xisting Disease : No PED D	eclared	The Health in monde of		A FAR Health	Personal & Carina mauriti	Luc Heart

Nominee Details:

Nominee Details for the Proposer					Appoi	intee Details	Specialist
S.No	Name I have the stance in the steam of the s	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	PEPEDIREDDI	Meath Insurance Spouse Spouse	43	100	Personal & Carine In	olth Persons - The Health Insul	ce Speciality
4 12	SUBHASHINI	ectalist		5 51	Health Insurance The Health Insurance	A	L = 1

Sector Classification:

N	Urban	Perso at & Caring Insurance The Health Insurance	Urban Health	Personal & Carine Personal & Carine Specialist Personal A Carine Personal & Carine P	1 5

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO : GSO5/3962/P/2023 DT:10/4/2023"

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).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

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.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Parvathipuram on 20th Day of December 2023.

Entered by : CUSTPORTAL Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

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Page 3 of 9



Hospitalisation Benefit Policy

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

Policy No : 11240578535600 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 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: 11240578535600 for the Period 20-Dec-2023 To 19-Dec-2024 issued on 20-Dec-2023.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2024/0087652348/1 Receipt Date: 20-Dec-2023

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: 20-Dec-2023 For and on behalf of

Place: Branch Office - Parvathipuram Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

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Page 4 of 9





Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11240578535600

		200 CA	
Name	DOB Health Insurance	Gender	Customer id
PEDIREDDI SRINIVASA RAO NAIDU	05-Jun-1975	Male Personal & Carino	Health PI0004703612
PEDDIREDDI SUBHASHINI	16-Aug-1980	Female	ME0442359057
PEDIREDDI HASVANTH SAI	03-Jul-2008	Male	ME0442359058
PEDIREDDI NEHA NAIDU	09-Oct-2013	Female	ME0442359059

Valid From: 20-Dec-2023 Agent/Broker/TE Code: BA0000764325

Office Code: 613031 TA/SSM/SM Code: SH71532

IRDAI Regn.No:129

: CUSTPORTAL

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Approved by : PORTAL

Emergency Help Line No.1800 425 2255/1800 102 4477

e-mail: support@starhealth.in Website: www.starhealth.in

Please quote the Customer Id No. for assistance

- This Card is valid until otherwise Cancelled.
- This ID Card is invalid, if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation, kindly submit any **Government approved photo ID Card.**

Corporate Identity Number: L66010TN2005PLC056649

*This is a temporary ID card issued along with the policy. Original ID card will be dispatched shortly.

For Star Health and Allied Insurance Company Ltd.

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Page 5 of 9



Tax Invoice



Invoice No.	: 372312I000645	5137		Customer II	宣	PI0004703612	th Insurance Spine
Invoice Date	: 20-Dec-2023	<	A TAR	Policy No.	ersonal &	1124057853560	O Secular H
e main all suit	Recipient	:		Misor		Suppl	ier
GSTIN	Personal	& Caring Illian		GSTIN		37AAJCS4517L1	ZX i insurance Specific
Name Personal & Curl	: PEDIREDDI SRI	NIVASA RAO	NAIDU	Name Int Insurance	Real	Star Health and Branch Office - F	Allied Insurance Co Ltd -
Address	: 3-41, Main stre	et Health	The Health Insuran	Address	٨:	4TH FLOOR, PSN	ESTATES Insurance
√ etā	Garugubilli		Α.	S		LTB ROAD, NR. I	RTC COMPLEX
Pealth Personal S	ance Specialist		SIT	Health Insurance	The Hea	PARVATHIPURAN	1
City	: Garugubilli	Pin Code :	535463	City	11/5	Vizianagaram Mandal Health Insurance	Pin Code : 535002
State Poetso	: Andhra Pradesh	Client : Category	IND	State Health Insurance Insurance Specialist		Andhra Pradesh	Place of : Andhra Pradesh supply

		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	Hei Ons	24,949.00	0	2,245.00	2,245.00	Personal & Carin	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:

: 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.

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Page 6 of 9



S S S S S S S S S S S S S S S S S S S		incurance The Human
Name Of the Product	A FAR Health	Star Health Assure Insurance Policy
Product UIN No.	personal & aring Illianist	SHAHLIP23131V022223

	Health Insurance Spacially	Sur	nmary o	f Impor	ant Ben	efits Health	ce The H	ealth (nsu)		1	Health
S.No	Particulars of Coverage / Benefits	ealth	Personal & Car	Health Insurance Specialist	Bene	fit Limits (in Rs.)	STAF	Health Insurance	Petsonal 8 The Health Insul	Refer to Policy clause No.
	Sum Insured (in Rs.)	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000	
torins in the Special	Room Category *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.	Up to 1% of Sum Insured per day	Personal Professional Professio	Any ept suite or health insurance and scaring and scar		mauranos specificados specifica	Health Insurance Graffit	personal &	Health Lasurance Annex Specialist / room Health Lasurance Lasura	THO HOLLIN	Health Insurance Specialist B. 1 Health Insurance Specialist Health Ins
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	1ce Specialist	1	音基 程 #	ealth courance	Actual	Health Insurance Insurance Specialist	The Health	nema il Sur	₹.	B. 2
raphal & C	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Insurance Specialist	Toe Ho	personal & Carino	ialist	Actual	Health Insurance	THOMAS	Personal & Carling Into	alth surance filst	B. 3
4	Health pay care procedures	FAR HER	nuh	Personal & Carin	All Day Care	Procedures	are Covere	ed 🔨	STAR	Health Insurance	The Health 4 rance
5	Coverage for Non-medical Items (Consumables)	sonal & Caring Ins	ist In			Actual	「真麗 Heal	th rance	Health Insurance S	pecialist	B. 5
6	Emergency Road Ambulance		<	A-TE	Health	Actual	Insurance Special	sī	A		B. 6
7	Air Ambulance		xpenses incurr	ed towards th	e cost of air a	mbulance serv	rice up to 10%	of sum insure	ed per policy y	ear Health Insurance	The B. 7 Insur
8	Pre-Hospitalization Expenses	Personal & Caring	Insurance	Up to	60 days prid	or to the dat	te of hospita	alization	The Health Insuran	ce Specialist	В. 8
9	Post-Hospitalization Expenses	10	į	Up to 180 d	ays from the	e date of dis	scharge fron	n the hospit	al		B. 9
10	Domiciliary Hospitalization	A TAR	Coverage for	medical tre	atment (Inc	luding AYU	SH) for a pe	riod exceed	ing three da	ys Health Insurance	B. 10
11	Organ Donor Expenses	personal & Car	Specialist		Up to	the Sum I	nsured	Health Insurance	The Health Ins	urance Specim	B. 11
12	Health Checkup Assure Individual SI Floater SI	1,500 2,500	2,000 5,000	4,000 8,000	5,000	5,000	5,000 10,000	8,000 15,000	8,000 15,000	8,000 15,000	B. 12
13	Home Care Treatment	Pa	yable up to :	10% of the	sum insured	I subject to	maximum c	f Rs.5 lakhs	in a policy	year	B. 13
14	Delivery Expenses manus Specified	Expense	es for a Deliv			oy Caesarea % of the Su			e-natal and p	post natal	B. 14
15	In Utero Fetal Surgery/Intervention	Expense	es incurred f			Surgeries a			waiting per	iod of 24	В. 15
16	Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)	1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	Health B. 16
17	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 17
18	Treatment for Chronic Severe Refractory Asthma	_	Payable (up to 10% c	f sum insur	ed not exce	eding Rs.5 I	akhs per po	licy period	A TA	B. 18
19	Compassionate travel	Expense						ily member(ospital is loc	other than tated	the travel	B. 19
20	Repatriation of Mortal Remains				t of embalm		fin charges)		mortal rema dence of the		B. 20
21	Treatment in Valuable service providers network	Health 1% of S	Sum Insured	subject to	a maximum	of Rs.5,000	0/- per polic	y period is p	payable as lu	ımp sum	B. 21
22	Shared accommodation	Rs.1,00	0/- per day	will be paya		continuous d accommo		eted period	of 24 hours	of stay in	B. 22
23	Insurance AYUSH Treatment		Persons	a carins Insuran	Payable u	up to the su	m insured.	AT	是夏 Health	Post House	В. 23
24	Second Medical Opinion	Health insurance	The Health In	di an	e_medica	lopinion@st	arhealth.in.	parsona Profile to	surance Specialist		B. 24
25	Coverage for Modern Treatment			- 5 5	Up	oto sum insu	ired				B. 25
26	Health Insurance Too Cumulative Bonus	The insure	d person wil			tive bonus o um upto 10			m insured fo	r each claim	B. 26
27	Automatic Restoration of Sum Insured	The policy	/ provides a	utomatic res		sum insured 100% each		ed number	of times and	maximum	B. 27
28	Rehabilitation and Pain Management	Up to th	e sub-limit	(or) maximu	im up to 20	% of the su	m insured v	vhichever is	less, per po	licy year.	B. 28

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For Star Health and Allied Insurance Company Ltd.

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Page 7 of 9



29	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.							
30	Co-payment Personal & Central Insular		nt for fresh as well as renewal policies e time of entry is 61 years and above	for insured person whose age	В. 30				
	Personal s caring Insurance Personal s caring Specialist	Sum Insured	Aggregate Deductible Option	Discount offered	Health Insurance				
Health Insurance	The Health Insurance	pertanal & Carina Indiana Specialist	Rs. 50,000/-	He 45%					
31	Optional Cover to choose deductible	surance	Rs. 1,00,000/-	Insurance Specialist 55%	B. 31				
	Personal & carint Personal & carint Personal & carint	Above Rs. 20 lakhs	Rs. 50,000/-	35%	Health Insurance				
a Carina Irsi	The Health Institute	Health Personal Specialist	Rs. 1,00,000/-	50% co					

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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For Star Health and Allied Insurance Company Ltd.

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Page 8 of 9



ENDORSEMENT SCHEDULE

The Health History	A Carine I Miles		/\ _ = == mi	CHITADEO SPO
ASTAR Health Insurance	Star Health Assu Unique Identification N			Health Health
Policy No.	: 11240578535600	Date	: 20-Dec-2023	Personal & Carina
Policy Period	: 20-Dec-2023 12:20 To 19-Dec-2024	A	Head Insurance	The Health me.
Health Insural	The Health Inturence Specifility	Personal & Carine Insurance	The Health Insurance Spice	Health Insurance
Proposer's Code	: PI0004703612	Issuing Office Code	null Health	Versonality Vinsigh Insurance Specialist
Proposer's Name	: PEDIREDDI SRINIVASA RAO NAIDU	Issuing Office Name	: null at a carine Insurance	The new
Address	: 3-41, Main street	Address Health Insurance	· null	A
Personal & Curing In	Garugubilli	ealth nes The Health Insurance Specialist	null null	Health Insurant
nce The Health Institution	Garugubilli Andhra Pradesh 535463		null null null Health	The Health Insurance Specimen
Phone No	: 8985385367	Phone No	nullarsonal & caring I to	
E-mail Id	pedireddisrinu1975@gmail.com	E-mail Id	null	人 子表語 Heal
isurance The Health Insurance S	Meditin Fernosal A Calab	Intermediary Co	ode : null	Ith Parsonal & Caring Insurance The Health Insurance Special
STAL	Health Insurance Interference Specialist	Name Partonal & Certing II	Health Insurance Special arth Insurance Special Relation Insurance Special	√ etaR
Fulfiller Code Health Insurant	SH71532	Phone No	: null	Health Insurance
YST!	Health Insurance Incident Insurance Specialist	E-mail Id	Health Insurance Sp. Specialist Specialist	A TAP

Covering Flu Vaccination Approved by ICMR under Health Check Up benefit

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following cover without charging additional premium till policy expiry or 31.03.2024 whichever is earlier.

Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

In witness whereof the undersigned being authorised by and on behalf of the company has herein to set his hand at Branch Office

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 9 of 9