

Personal & Corns Insurance

Date: 21-May-2025

**IMPORTANT** 

To

gedala rama satya suramma santosh kumar, 18-253 BANGARAMMA COLONY BELAGAM Parvathipuram,Andhra Pradesh-**535501** 

Dear Customer,

Mobile: 94XXXXXX83

### Re: Health Insurance Policy - 4484112501083029

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. 9,474/- towards renewal premium of policy number:11250906491000, the policy stands renewed for a further period of 1 Year as per the details given below

	The state of the s	t No:4484112501083029	neurance the Health III		
Customer Code :	PI0005543343	GSTIN Health Insurance	: 37AAJCS4517L1ZX		
Customer Name :	gedala rama satya suramma	SAC Code in Insurance Specialist	: 997133 / Accident and Health		
Cust CKYC No :	\$\frac{1}{2}\frac{1}{2	A FEE Health	Insurance Services		
Proposer Code :	PI0005543343	Issuing Office Code	: 613006		
Proposer Name :	BANGARAMMA COLONY BELAGAM Parvathipuram Andhra Pradesh	Issuing Office Name Issuing Office Address	4Th Floor Psn Estates,Near Rtc Comple Vizianagaram Mandal Andhra		
Phone No	535501 94XXXXXX83	Phone No	Pradesh 535003 : 08922230891		
E-mail Id :	saXXXXXX2411994@gmail.com	E-mail Id	: 08922230891 : vizianagaram.bo@starhealth.i		
Proposer GSTIN:	NO Insurance	Place of Supply	: Andhra Pradesh		
Proposal date :	07-May-2024	Fulfiller Code	: SH71532		
Date of Inception: of first policy	08-May-2024 Personal & Collect   Instruments   Instruments	SEA PARONIA CO	Health Insurance Specialist		
Renewal Year :	First Year	Intermediary	: BA0000764325		
Collection No :	613006/RV/2026/0221947151	Code	Health Insurance The Health Insurance Specialist		
Collection Date :	20-May-2025	Health Insurance The Health Ins	uranco Specialist		
Premium of Insurance Spectrum Health Insurance Spectrum Insurance Spectrum Insurance French & Caring & Caring & Spectrum	RS. 8,028/-  Health Periods & Caries Insurance P	Name Health Health Free Health	Health Industries Specificity Industries In		
CGST @ 9%	Rs. 723/s corner laurance	Phone No	:9550755039/955075503 9		
SGST @ 9% :	Rs. 723/-  Health Insurance Specialist  Rs. 9,474/-	E-mail Id	:rajeshgulla846@gmail com		
	Re. 1/-	The	Health Personal & Carlo Special		
Stamp Duty :	Petisonal Special		Insurance 400 and		
	Words: Rupees Nine thousand only  NCE: From: 20-May-2025 10:47	four hundred seventy f	OUT COMMANDE COMMAND		

Policy Type: INDIVIDUAL

Entered by : CUSTPORTAL Approved by : SH52464 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: 4484112501083029

#### **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
ance1	gedala rama satya suramma santosh kumar	Male	24-Nov-1995	29	Self acing	PI00055 43343	10,00,000	2,50,000	No Personal & Carle	Health 0	08-May-2024
Pre	Existing Disease	Mo No	PED Declared				< STA	Health Insurance	The Health Insurant		A =

### **Nominee Details:**

Nominee Details for the Proposer					Appointee Details					
S.No	Name seralist	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee			
	A TAR Health meuran	Personal &	i st	A	Health Insurance	The Health Insurance				
1 Lycalth	GEDELA	Father	56	100	Health Insurance The Health Insurance	Λ	Personal & CI			
Caring Insurance	JAYARAO	A -===	dillone	Personal & C	e Specialist	√ STAR	Health Insurance The Health Insurance			

#### **Sector Classification:**

Urban Social Economically	Economically Vulnerable or Backward Classes means persons who
Vulnerable or	live below the poverty line.
Backward Classes	The Health Health Person House Special Property of the Health Pers

#### "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 - Vizianagaram on 21st 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.

Entered by : CUSTPORTAL Approved by : SH52464

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 : 4484112501083029 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 gedala rama satya suramma santosh kumar has paid Rs 9,474/- (Total Premium : Indian Rupees Nine thousand four hundred seventy four only ) towards Premium for Hospitalization Insurance vide Policy No: 4484112501083029 for the Period 20-May-2025 To 19-May-2026 issued on 20-May-2025.

Payment received by Payment Gateway vide Receipt No: 613006/RV/2026/0221947151/1 Receipt

Date: 20-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 : 21-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

Entered by : CUSTPORTAL Approved by : SH52464

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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## **Tax Invoice**



Invoice No.	: 9825051002080211	Customer ID	PI0005543343						
Invoice Date	: 20-May-2025	Policy No.	: 4484112501083029						
0100	Recipient	111500	Supplier						
GSTIN	Personal & Carine   History   Person	GSTIN	: 37AAJCS4517L1ZX						
Name Personal &	gedala rama satya suramma santo: kumar : 18-253	Name Insurance Address	: Star Health and Allied Insurance Co Ltd - Branch Office - Vizianagaram : Ltb Road						
/ Luur 655	BANGARAMMA COLONY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4Th Floor and the least th						
Health Person	BELAGAM	Health Insurance	Psn Estates, Near Rtc Complex						
City	: Parvathipuram Pin Code : 53550	City	: Vizianagaram Mandal Pin Code : 535003						
State Headingurance	: Andhra Pradesh Client : Category	State Health Insurance	: Andhra Pradesh 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	8,028.00	Her Ons	8,028.00	0	723.00	723.00	Personal & Carre	9,474.00

**Total Invoice Value (in Figures)** : Rs. 9,474/-

Total Invoice Value (in Words) : Rupees Nine thousand four hundred seventy four 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 : SH52464

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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