

To,

Date: 31-Mar-2025

IMPORTANT

RAJESH SANKARAPPAN , A7-34 TVHEKANTA APARTMENT,G V RESIDENCY, UPPILIPALAYAM,UPPILIPALAYAM POST

Coimbatore, Tamil Nadu-**641015** Mobile: 9566690666

Dear Customer,

Re: Health Insurance Policy - 5342112500074870

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 30 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,

Authorized Signatory

This is an electronically generated document(Policy Schedule).

Page 1 of 8



Super Star Unique Identification No. SHAHLIP25036V012425 POLICY SCHEDULE(Floater)

Policy No. :	5342112500074870 January & Carrier Insuran	Previous Policy No	Health Personal Secure
Customer Code :	PI0008466671	GSTIN	: 33AAJCS4517L1Z5
Customer Name :	RAJESH SANKARAPPAN	SAC Code Specialist	: 997133 / Accident and Health
Cust CKYC No :	Health Insurance	The Hellings	Insurance Services
Proposer Code :	PI0008466671	Issuing Office Code	: 700023
Proposer Name :	RAJESH SANKARAPPAN	Issuing Office Name	: Madurai - TS Health
Proposer Address:	A7-34 TVHEKANTA APARTMENT,G V RESIDENCY, UPPILIPALAYAM,UPPILIPALAYAM POST	Issuing Office Address	Second floor, Lakshmi Towers, No: 81, P.T.Rajan Road, Bibikulam,
Health Insurance The Health Insurance St	Coimbatore Tamil Nadu 641015	to carine Insurance The Mcally Insurance Specific	Madurai City Tamil Nadu 625002
Phone No :	9566690666 REPROPERTY OF THE HEATTH AND THE HEATTH	Phone No	: 0452-4065696
E-mail Id	rajesh2h@gmail.com	anal & Carlins Insurance The Health Insurance	: telesales.madurai@starhealth in
Proposer GSTIN :	NO	Place of Supply	: Tamil Nadu Personal & Carine Insurance
Proposal Date	31-Mar-2025	Fulfiller Code	: SO700023
Date of Inception: of first policy	Feath naurance The	Personal & Caring Insurance The Health Insurance Specialist	Lealth Personal & Carins Insurance Personal & Carins Insur
Policy Category :	New Health Insurance Spoison	Personal	The Health
Collection No :	700023/RV/2025/0211226158	Personal & Carins Insurance The Health Management Personal & Carins Insurance The Health Managem	A TAR Health
Collection Date :	31-Mar-2025	S Hoaliff	Health Personal & Caring Marie Mar
Base Product Premium: Life Style and Habit related & Other discounts	Rs. 15,718/- Rs. 2,332/-	Name Houlth	: Office Direct
Medical U/W Loading :	Rs. 0/-	The house	Health Insurance The Health Insurance Specialist
EMI Loading :	RS. 0/- caring insurance The Hammer Treeth Insurance Specialist	Health Insurance Inoth	Petsonal & Carrier patth Insurance Specialist
Optional Cover : Loading	Rs. 7,604/-	The Health Insurance Spectron	Health Personal & Carons I Insurance The Health Ins
Optional Cover : Discount Health Insurance Personal & Carling Pe	Rs. 0/- 16 cories Industrial Trightes to insurance Specialist Trightes to insurance Specialist Health	Health Perconal & Carine Insurance To the With Insurance Specialist	Designation of the state of the
CGST @ 9% :	Rs. 1,889/	Phone No	:0452-4065696
SGST @ 9% Health Insurance.	Rs. 1,889/- Proc Speciality	E-mail Id Corne Insurance	:telesales.madurai@starhealth.in
Total Premium : Stamp Duty Health H	Rs. 24,768/- Re. 1/- Insulance Specialist	Health Personal & Caring Lineurance Personal & Caring Lineurance	Portuguis o Coine i Linguis Tos Health Insturance Specialist
Total Premium In	Words: Rupees Twenty Four the sixty eight only	ousand seven hundred	Health Insurance The Residence of the Insurance The Residence of the Insurance of the Insur

Period of Insurance : From : 31-Mar-2025 16:23 Hrs To: Midnight of 30-Mar-2026 Policy Term :1 Year

Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-

Entered by : CRM This is an electronically generated document(Policy Schodule)

Approved by : CRM Schedule

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

IRDAI Regn.No.129

Authorised Signatory

For Star Health and Allied Insurance Company Ltd

Page 2 of 8



Attached to and forming part of Policy No: 5342112500074870

Scheme Description (Family Size) :2A+2C Basic Floater Sum Insured : Rs. 7,50,000/-

Total Sum Insured In Words: Rupees Seven lakh fifty thousand only

Plan Type: FLOATER Bonus : Rs. 0/-

Details of Insured Persons:

No. of Persons Insured: 4

SI. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Heal Inception date
1	RAJESH SANKARAPPAN	Male	26-Sep-1985	39	Self Health	PI0008466671	31-Mar-2025
Pre l	Existing Disease : No PED	Declared	S S S S S S S S S S S S S S S S S S S	Health Insurance	The Health Insurance	A_===	Health Personal & C
2	S GAYATHRI	Female	06-Dec-1987	37	Spouse	ME0466845160	31-Mar-2025
Pre l	Existing Disease : No PED	Declared	A T	Health Insurance	personal & Call	alisi	1 5 T
Insurance	ADVIK R	Male	30-Dec-2013	rance Specialist	Son	ME0466845161	31-Mar-2025
Pre l	Existing Disease : No PED	Declared	٨	-==	Personal & Carlott	Insurance The Health Ass	
Health 4 sur	ADHIRA RAJESH	Female	24-Jul-2019	nsuran Specia	Daughter	ME0466845163	31-Mar-2025
Pre l	Existing Disease : No PED	Declared	co Specialist		STA	Health Insurance	Insurance Specific

Entered by : CRM Approved by : CRM

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 8



S. No.	Health Mame of additional cover(s) Name of additional cover(s) Health Health Health Mame of Additional Cover(s)	Health Survey Insurance Presented To Health Survey Insurance Office In the Ins	Status Realth Ingurance Status Records & Crainer Ingurance Inguran
1	Coverage for Non- Medical Items (Consumables cover Table I (68 Items))	Personal & carine Health Insurance The H	Covered Taxable Taxabl
2	Annual Health Check-up	Realth Insurance Periodal & Carine Structure	Covered Special Management Covered
erith Instrance	Reduction of Specific Diseases Waiting Period 24 months to 12 months	The Itealith	Covered County Indiana

Nominee Details:

Nominee Details for the Proposer					Appo	intee Details	ce Special 11
S.No Health Insurance Specialist	Name Insurance Specialization (Control of Control of Co	Relationship with proposer	_	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1 Health	S GAYATHRI	Spouse	37	100	Health personal Critical Personal Perso	A	

Sector Classification:

	A SEE Joseph	In the parallel Street	msurance The date
Urban	Personal & uring Insurance	Urban Health resurance	Personal & Called The Handle Insurance Specialist

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Madurai - TS on 31st Day of March 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 : CRM Approved by : CRM

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 4 of 8



Hospitalisation Benefit Policy

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

Policy No : 5342112500074870 **Type of Policy :** Super Star

Issue Office: 700023-Madurai - TS

Address : Second floor, Lakshmi Towers,

No: 81, P.T.Rajan Road, Bibikulam,

Madurai City Tamil Nadu 625002

Tel / Fax : 0452-4065696

Email : telesales.madurai@starhealth.in

This is to certify that RAJESH SANKARAPPAN has paid Rs 24,768/- (Total Premium: Indian Rupees Twenty Four thousand seven hundred sixty eight only) towards Premium for Hospitalization Insurance vide Policy No: 5342112500074870 for the Period 31-Mar-2025 To 30-Mar-2026 issued on 31-Mar-2025.

Payment received by Payment Gateway vide Receipt No: 700023/RV/2025/0211226158/1 Receipt Date: 31-Mar-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: 31-Mar-2025 For and on behalf of

Place: Madurai - TS Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

Entered by : CRM Approved by : CRM This is an electronically generated document(Policy

Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of





Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 5342112500074870

Torrest Control of the Control of th	A	Partions Sp	
Name	Person DOB Health Insurance	Gender	Customer id
RAJESH SANKARAPPAN	26-Sep-1985	Male	PI0008466671
S GAYATHRI	06-Dec-1987	Female	ME0466845160
ADVIK R Health Insurance The Health Insurance Specialist	30-Dec-2013	Male	ME0466845161
ADHIRA RAJESH	24-Jul-2019	Female	ME0466845163

Valid From: 31-Mar-2025 Valid Till: 30-Mar-2026

Office Code: 700023 Agent/Broker/TE Code: OD700023

TA/SSM/SM Code: S0700023

IRDAI Regn.No:129

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 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

Entered by : CRM Approved by : CRM

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 6 of 8



Tax Invoice



Invoice No.	: 332503I024962625	Customer ID	PI0008466671
Invoice Date	31-Mar-2025	Policy No.	: 5342112500074870
17.11	Recipient		Supplier
GSTIN	Haurance The Health Insurance Specialists	GSTIN	: 33AAJCS4517L1Z5
Name Personal & C	: RAJESH SANKARAPPAN	Name	: Star Health and Allied Insurance Co Ltd - Madurai - TS
Address	: A7-34 TVHEKANTA APARTMENT,G V RESIDENCY, UPPILIPALAYAM,UPPILIPALAYAM POST	Address Health Insurance and Paymance Specialist	: Second floor, Lakshmi Towers, No: 81, P.T.Rajan Road, Bibikulam,
City	: Coimbatore Pin Code : 641015	City Health	: Madurai City Pin Code : 625002
State	: Tamil Nadu Client : IND Category	State	: Tamil Nadu Place of Tamil Nadu 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	20,990.00	0	20,990.00	He Oh	1,889.00	1,889.00	A 0	24,768.00

Total Invoice Value (in Figures) : Rs. 24,768/-

Total Invoice Value (in Words) : Rupees Twenty Four thousand seven hundred sixty eight 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 : CRM Approved by : CRM

This is an electronically generated document(Policy

Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 7 of 8



Name Of the Product	A REALTH Health	Super Star	Health Insurance
Product UIN No.	Personal & Caring Insulant	SHAHLIP25036V012425	The Health Insurance Specially

Summary of Important Benefits-Basic Cover

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)	Refer to Policy clause No.
einlis.	Sum Insured (in Rs.)	5 Lakh 7.5 Lakh 10 Lakhs 15 Lakhs 20 Lakhs 25 Lakhs 50 Lakhs 1Crore SI	Cidase ito:
Health Insura	Room Category	Health Insurance Any Room Health Insurance Any Room	personal & Caring In
Specialion 1	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Insurance Incident Actual Health Insurance Personal Carinal Incident Incide	L-H-1
Carins I	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Health Progression Control Con	personal & Carini to Health Insurance S
2	Health house Day care Treatment	All Day Care treatments are Covered	II. 2 at a construction of the Health Insura
1 isurance	Pre-Hospitalization Expenses	Up to 90 days prior to the date of hospitalization	II, 3
4 ura	Post-Hospitalization Expenses	Up to 180 days from the date of discharge from the hospital	II. 4
5	Coverage for Modern Treatments	Health Actual Personal & Certific Business Specialist	II. 5
6	AYUSH Treatment	Health Actual Actual Actual	II. 6
He171 III	Road Ambulance Expenses	Actual Actual February Specialist	II. 7
8	Air Ambulance make Insurance	Covered up to Rs.5,00,000/- in a policy year	II. 8
9	Organ Donor Expenses	Health Registrate Specification Actual	ance II. 9 me
10	Home care treatment	PATERNAL & CATING MINISTER PROPERTY ACTUAL ACTUAL TO MANAGE TO MAN	II. 10
11	Domiciliary Hospitalization	Healt Actual Insurance	II. 11
12	E-Domestic Second Medical Opinion	Health Insurance Available President Connection of the Pre	II. 12
13	Premium Walver as & caree Health Insurance Premium Marie Bratta Insurance Premium Marie Premium Premiu	For one policy year incase of first diagnosis of critical illness/ incase of death of proposer who is also insured	II. 13
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum of 100% of the sum insured	Specialist II. 14
15	Automatic Restoration of Sum Insured	Sum Insured will be restored unlimited number of times and maximum up to 100% each time	II. 15
16	Tele-Consultation Health Insurance Academy Health	Available unlimited times on star health mobile app and insurance in terms in the state of the s	II. 16
10	AI Driven Face Scan	Available up to 2 times per month per insured in a policy year on star health mobile app	Health Insurance Specialist
17	Dental Check-up & Cleaning	For one Insured Person under each policy in a policy year, available in 2nd & 3rd policy year	II. 17
18h	Value Added Services	Discounts available on pharmacy, diagnostics and consultation on star health mobile app	etsonal III oring instanting the insulant 18 original insulant 18 original insulant
19	Freeze Your Age	Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment /Ayush Treatment under Basic Cover.	II. 19
20	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities	II. 20
	Leadin Commission	and immunity	/\

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

Entered by : CRM Approved by : CRM

This is an electronically generated document(Policy

Schedule).

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 8 of 8