

Date : 31-Mar-2025

**IMPORTANT**

To,

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

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

<b>Policy No.</b> : 5342112500074870	<b>Previous Policy No</b> :
<b>Customer Code</b> : PI0008466671	<b>GSTIN</b> : 33AAJCS4517L1Z5
<b>Customer Name</b> : RAJESH SANKARAPPAN	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Cust CKYC No</b> : -	
<b>Proposer Code</b> : PI0008466671	<b>Issuing Office Code</b> : 700023
<b>Proposer Name</b> : RAJESH SANKARAPPAN	<b>Issuing Office Name</b> : Madurai - TS
<b>Proposer Address</b> : A7-34 TVHEKANTA APARTMENT,G V RESIDENCY, UPPILIPALAYAM,UPPILIPALAYAM POST Coimbatore Tamil Nadu 641015	<b>Issuing Office Address</b> : Second floor, Lakshmi Towers, No: 81, P.T.Rajan Road, Bibikulam, Madurai City Tamil Nadu 625002
<b>Phone No</b> : 9566690666	<b>Phone No</b> : 0452-4065696
<b>E-mail Id</b> : rajesh2h@gmail.com	<b>E-mail Id</b> : telesales.madurai@starhealth. in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Tamil Nadu
<b>Proposal Date</b> : 31-Mar-2025	<b>Fulfiller Code</b> : SO700023
<b>Date of Inception</b> : 31-Mar-2025 of first policy	
<b>Policy Category</b> : New	
<b>Collection No</b> : 700023/RV/2025/0211226158	
<b>Collection Date</b> : 31-Mar-2025	
<b>Base Product Premium</b> : Rs. 15,718/-	<b>Name</b> : Office Direct
<b>Life Style and Habit related &amp; Other discounts</b> : Rs. 2,332/-	
<b>Medical U/W Loading</b> : Rs. 0/-	
<b>EMI Loading</b> : Rs. 0/-	
<b>Optional Cover Loading</b> : Rs. 7,604/-	
<b>Optional Cover Discount</b> : Rs. 0/-	
<b>CGST @ 9%</b> : Rs. 1,889/-	<b>Phone No</b> : 0452-4065696
<b>SGST @ 9%</b> : Rs. 1,889/-	<b>E-mail Id</b> : telesales.madurai@sta rhealth.in
<b>Total Premium</b> : Rs. 24,768/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Twenty Four thousand seven hundred sixty eight only</b>	
<b>Period of Insurance</b> : <b>From</b> : 31-Mar-2025 16:23 Hrs	<b>To</b> : Midnight of 30-Mar-2026
<b>Installment Facility Option</b> : No	<b>Policy Term</b> : 1 Year
<b>Premium Payment Frequency</b> : Annual	<b>Installment Amount Rs.</b> : 0/-

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Approved by : CRM

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For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID: info@starhealth.in**

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**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**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	RAJESH SANKARAPPAN	Male	26-Sep-1985	39	Self	PI0008466671	31-Mar-2025
<b>Pre Existing Disease :</b> No PED Declared							
2	S GAYATHRI	Female	06-Dec-1987	37	Spouse	ME0466845160	31-Mar-2025
<b>Pre Existing Disease :</b> No PED Declared							
3	ADVIK R	Male	30-Dec-2013	11	Son	ME0466845161	31-Mar-2025
<b>Pre Existing Disease :</b> No PED Declared							
4	ADHIRA RAJESH	Female	24-Jul-2019	5	Daughter	ME0466845163	31-Mar-2025
<b>Pre Existing Disease :</b> No PED Declared							

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S. No.	Name of additional cover(s)	Status
1	Coverage for Non- Medical Items (Consumables cover Table I (68 Items))	Covered
2	Annual Health Check-up	Covered
3	Reduction of Specific Diseases Waiting Period 24 months to 12 months	Covered

## 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	S GAYATHRI	Spouse	37	100			

## Sector Classification:

Urban	Urban
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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.

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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** : 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**

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**Star Health and Allied Insurance  
Company Limited  
Customer Identity Card**

**Policy No : 5342112500074870**

Name	DOB	Gender	Customer id
RAJESH SANKARAPPAN	26-Sep-1985	Male	PI0008466671
S GAYATHRI	06-Dec-1987	Female	ME0466845160
ADVIK R	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 : SO700023**

**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**

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## Tax Invoice

<b>Invoice No.</b>	: 3325031024962625	<b>Customer ID</b>	: PI0008466671
<b>Invoice Date</b>	: 31-Mar-2025	<b>Policy No.</b>	: 5342112500074870
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b>	:	<b>GSTIN</b>	: 33AAJCS4517L1Z5
<b>Name</b>	: RAJESH SANKARAPPAN	<b>Name</b>	: Star Health and Allied Insurance Co Ltd - Madurai - TS
<b>Address</b>	: A7-34 TVHEKANTA APARTMENT,G V RESIDENCY, UPPILIPALAYAM,UPPILIPALAYAM POST	<b>Address</b>	: Second floor, Lakshmi Towers, No: 81, P.T.Rajan Road, Bibikulam,
<b>City</b>	: Coimbatore	<b>City</b>	: Madurai City
<b>State</b>	: Tamil Nadu	<b>State</b>	: Tamil Nadu
<b>Pin Code</b>	: 641015	<b>Pin Code</b>	: 625002
<b>Client Category</b>	: IND	<b>Place of supply</b>	: Tamil Nadu

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	20,990.00	0	20,990.00	0	1,889.00	1,889.00	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**

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<b>Name Of the Product</b>	<b>Super Star</b>
<b>Product UIN No.</b>	<b>SHAHLIP25036V012425</b>

## Summary of Important Benefits-Basic Cover

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)									Refer to Policy clause No.
	Sum Insured (in Rs.)	5 Lakh	7.5 Lakh	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	1Crore	Unlimited SI	
1	Room Category	Any Room									II. 1
	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual									
	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual									
2	Day care Treatment	All Day Care treatments are Covered									II. 2
3	Pre-Hospitalization Expenses	Up to 90 days prior to the date of hospitalization									II. 3
4	Post-Hospitalization Expenses	Up to 180 days from the date of discharge from the hospital									II. 4
5	Coverage for Modern Treatments	Actual									II. 5
6	AYUSH Treatment	Actual									II. 6
7	Road Ambulance Expenses	Actual									II. 7
8	Air Ambulance	Covered up to Rs.5,00,000/- in a policy year									II. 8
9	Organ Donor Expenses	Actual									II. 9
10	Home care treatment	Actual									II. 10
11	Domiciliary Hospitalization	Actual									II. 11
12	E-Domestic Second Medical Opinion	Available									II. 12
13	Premium Waiver	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									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	Available unlimited times on star health mobile app									II. 16
	AI Driven Face Scan	Available up to 2 times per month per insured in a policy year on star health mobile app									
17	Dental Check-up & Cleaning	For one Insured Person under each policy in a policy year, available in 2nd & 3rd policy year									II. 17
18	Value Added Services	Discounts available on pharmacy, diagnostics and consultation on star health mobile app									II. 18
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

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

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