

**STAR COMPREHENSIVE INSURANCE POLICY  
SCHEDULE (Floater)  
UNIQUE ID:SHALIP2077V041920**

<b>Policy No.</b> :	<b>P/141125/01/2020/017951</b>	<b>Previous Policy No.</b> :	<b>P/141125/01/2019/015571</b>
<b>Customer Code</b> :	<b>AA0006210585</b>	<b>GSTIN</b> :	<b>29AAJCS4517L1ZU</b>
<b>Customer Name</b> :	<b>Mr.K H HONNESHIAH</b>	<b>SAC Code</b> :	<b>957133/Accident and Health Insurance Services</b>
<b>Proposer's Code</b> :	<b>8328984</b>	<b>Issuing Office Code</b> :	<b>141125</b>
<b>Proposer's Name</b> :	<b>Mr.K H HONNESHIAH</b>	<b>Issuing Office Name</b> :	<b>Branch Office - Jayanagar</b>
<b>Address</b> :	<b># 1042, E AND F BLOCK, 4/9th MAIN ROAD, RAMAKRISHNA NAGAR, MYSORE 570023</b>	<b>Address</b> :	<b>221 1st Floor 9th Main Road 5th block Jayanagar Bangalore 560041</b>
<b>Phone No</b> :	<b>/9611271353/</b>	<b>Phone No</b> :	<b>080- 4938 9999</b>
<b>E-mail Id</b> :	<b>honneshiah@rediffmail.com</b>	<b>E-mail Id</b> :	<b>Jayanagar@starhealth.in</b>
<b>Proposer GSTIN</b> :	<b>-</b>	<b>Place of Supply</b> :	<b>-</b>
<b>Proposal date</b> :	<b>14/12/2017</b>	<b>Fulfiller Code</b> :	<b>SH16727</b>
<b>Date of Inception of first policy</b> :	<b>14/12/2017</b>	<b>Intermediary Code</b> :	<b>BA0000380827</b>
<b>Renewal Year</b> :	<b>Second Year</b>	<b>Name</b> :	<b>Ms.SARIKA K</b>
<b>Collection Number</b> :	<b>1168018839</b>	<b>Phone No</b> :	<b>9742297119/9742297119</b>
<b>Receipt Date</b> :	<b>11/12/2019</b>	<b>E-mail Id</b> :	<b>sarikaammulu99@gmail.co m</b>
<b>Premium :Rs 19,480 /-</b>			
<b>CGST @9% : 1,753 /- SGST / UTGST @9% : 1,753 /-</b>			
<b>Stamp Duty :Rs 1 /- Total Premium :Rs 22,986 /-</b>			

<b>Total Premium in Words</b> :	<b>Rupees Twenty Two Thousand Nine Hundred Eighty Six Only</b>
<b>Period of Insurance</b> :	<b>FROM 14/12/2019 00:00:00 TO : Midnight Of 13/12/2020</b>
<b>Scheme Description (Family Size)</b> :	<b>1 ADULT + 2 CHILDREN</b>
<b>Bonus</b> :	<b>Rs. 500000 /-</b>
<b>Sum Insured Under Section 1 (Health)</b>	<b>Rs. 500000 /- Policy Term : 1 Year</b>
<b>Capital Sum Insured Under Section 10 (For Accidental Death &amp; Permanent Total Disablement)</b>	<b>Rs. 500000 /-</b>
<b>For Mr / Ms.</b>	<b>KAMAKSHI H R Only.</b>

Entered by : SH19944

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

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



Authorised Signatory

Attached to and forming part of Policy No : P/141125/01/2020/017951

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Buy Back PED Opted	Inception Date
1	KAMAKSHI H R	F	30/03/1973	46	SPOUSE	8328984-2	0	No	14/12/2017
2	H VINUTHA	F	26/06/1995	24	DEPENDANT CHILD	8328984-3	0	No	14/12/2017
3	H RAJESH	M	10/01/1999	20	DEPENDANT CHILD	8328984-4	0	No	14/12/2017

Please check whether the details given by you about the insured persons 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.**

**Sector Classification :**

Urban		
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Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522

"Consolidated stamp duty paid vide challan No. CR0719003000529985 dt 17.07.2019"
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**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	KAMAKSHI H R	Spouse	46	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - Jayanagar** on **11th Day of December 2019.**

Entered by : SH19944

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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