

Date: 31-Dec-2024

IMPORTANT

To.

VIJAYA KUMAR, NO 28/16,7TH CROSS MARUTHI NAGAR MADIWALA BANGALORE -560068 Bengaluru Taluk,Karnataka-**560068** Mobile : 9880053295

Dear Customer,

Re: Health Insurance Policy - 6167111609082952

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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Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223

In Consideration of payment of Rs. 20,403/- towards renewal premium of <u>policy</u> <u>number:11240590275708</u>, the policy stands renewed for a further period of 1 Year as per the details given below

| The state of the s | Renewal Endorsement | No:6167111609082952 | Personal & Caring Insurance The ICA HIM PROPERTY INC. |
|--|--|--|--|
| Customer Code : | 4878994 marries Spiding | GSTIN Personal & Carring Insurance | : 29AAJCS4517L1ZU |
| Cust CKYC No : | VIJAYA KUMAR 40024367559970 | SAC Code | : 997133 / Accident and Health Insurance Services |
| Proposer Code : | 4878994 | Issuing Office Code | : 141128 |
| Proposer Name : | VIJAYA KUMAR | Issuing Office Name | : Branch Office - Madiwala |
| Proposer Address: Health towards & Carolin Communication of the Carolin C | NO 28/16,7TH CROSS MARUTHI NAGAR MADIWALA BANGALORE -560068 Bengaluru Taluk Karnataka 560068 9880053295 | Issuing Office Address in the state of the s | No 120 & 124, First Floor Hosur Main Road, Near Madiwala Police Station Madiwala Bengaluru Taluk Karnataka 560068 08025503770/75 |
| E-mail Id | vijaykumarsys@yahoo.com | E-mail Id | : madiwala@starhealth.in |
| Proposer GSTIN : | a Cathol | Place of Supply | : Karnataka |
| Proposal date : | | Fulfiller Code | : SO141128 |
| Date of Inception: of first policy Renewal Year Collection No: | Ninth Year 141128/RV/2025/0184890871 | Persons & Carina Insurance Persons & Carina Insurance Persons & Carina Insurance Persons Insurance Per | Health Insurance Personal & Carine, Health Insurance Personal & Ca |
| Collection Date : | 31-Dec-2024 | Personal & Carine Insurance Personal & Carine Insurance The Meally The Insurance Specialist | Health Insurance |
| Premium : | RS. 17,291/. Personal Carlied Insurance Present Insurance Specialist | Portsonal & Caring Insurance | : Office Direct |
| CGST @ 9% | Rs. 1,556/- | Phone No | :08025503770/75 |
| SGST @ 9% Health Insurance Personal & Catus Health Insurance Personal & Catus Health Insurance Personal & Catus Health Insurance Health Heal | Rs. 1,556/- mediate | E-mail din Health Insurance | : madiwala@starhealth.i |
| Total Premium : | Rs. 20,403/- Health The Houlth Insurance Specialist | | Health Insurance Sport |
| Stamp Duty : | Re. 1/ Personal & Carine Insurance Ins | Health Insurance | The Health Insurance Special |
| Total Premium In | Words : Rupees Twenty thousan | d four hundred three | only Person & Certal |
| PERIOD OF INSURA | NCE : From : 02-Jan-2025 00:00 | To: Midnight Of 01 | -Jan-2026 Policy Term :1 Year |
| Installment Facility | Option: No Premium Payment Freq | uency: Annual & cartes Insurance | stallment Amount Rs. : 0/- |
| Scheme Description | (Family Size) :2A+2C | Basic Floater Sum Insu | red :Rs. 3,00,000/- |
| Bonus : Rs. 3,00,0 | 000/- Limit of Coverage : Rs. | 6,00,000/- Recharg | ge Benefit : Rs. 75,000/- |

Entered by : CUSTPORTAL Approved by : CRM

IRDAI Regn.No.129

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X

Authorised Signatory

For Star Health and Allied Insurance Company Ltd

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Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800
Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129



Attached to and forming part of Policy No: 6167111609082952

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 | MR.VIJAYAKUMAR RAVINDRAN | Male | 09-Mar-1979 | 45 | Self Insurance | 4878994-1 | 02-Jan-2016 |
| Pre E | xisting Disease : No PED De | clared | ATAR Healt Insur | h ance the le | alth Insurance Specialist | A = | personal & Cal |
| 2 | MRS.THANGARANI VIJAYAKUMAR | Female | 22-Aug-1982 | 42 | Spouse Insurance | 4878994-2 | 02-Jan-2016 |
| Pre E | xisting Disease : No PED De | clared | STAR CITIES | Realth Insurance | s Health Insurance Spurish | A -== | Personal |
| 3 | MST.SANJEEV VIJAYAKUMAR | Male surance | 03-Jul-2011 | 13 | Son Health | 4878994-3 | 02-Jan-2016 |
| Pre E | xisting Disease : No PED De | clared | Arail | Health | Personal & Carino Indiana | | V ST |
| nsurance | KUM.ANJANA VIJAYAKUMAR | Female _{Health} | 21-Jan-2014 | pecialist 10 | Daughter | 4878994-4 | 02-Jan-2016 |
| Pre E | xisting Disease : No PED De | clared | | | Personal & Carloss Insurance | The Health loss. | 1 |

Nominee Details:

| Nominee Details for the Proposer | | | | | Appointee Details | | | | |
|----------------------------------|--------------------------------|-------------------------------|------------------|----------------|---------------------------|--|---|--|--|
| S.No | Name Name Cante | Relationship with proposer | | % of the claim | Appointee Name | Appointee Age The strict in th | Relationship with nominee | | |
| Senal & Carins | MRS.THANGARA NI VIJAYAKUMAR | Spouse | 42 Carlink Ir | 100 | recont a Caring Mandale | Health Insurance | bersonal & Carins I maurance Description of the Carins I maurance Specialist | | |

Sector Classification:

| Urban | Unorganized Sector | Health Insurance | The Hoalth Insurance Specialist |
|-------|--------------------|------------------|---------------------------------|
|-------|--------------------|------------------|---------------------------------|

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE CHALLAN NO CR0424003000618891 DT 24.04.2024"

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).

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 / 1800 102 4477 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

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Madiwala on 31st Day of December 2024.

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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For Star Health and Allied Insurance Company Ltd

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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 : 6167111609082952 Type of Policy : Family Health Optima Insurance

- 2022

Issue Office: 141128-Branch Office - Madiwala

Address: No 120 & 124, First Floor

Hosur Main Road, Near Madiwala Police Station

Madiwala

Bengaluru Taluk Karnataka 560068

Tel / Fax : 08025503770/75

Email : madiwala@starhealth.in

This is to certify that VIJAYA KUMAR has paid Rs 20,403/- (Total Premium: Indian Rupees Twenty thousand four hundred three only) towards Premium for Hospitalization Insurance vide Policy No: 6167111609082952 for the Period 02-Jan-2025 To 01-Jan-2026 issued on 31-Dec-2024.

Payment received by Payment Gateway vide Receipt No: 141128/RV/2025/0184890871/1 Receipt Date: 31-Dec-2024

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-Dec-2024 For and on behalf of

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

Authorised Signatory

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Tax Invoice



| Invoice No. | : 292412I00724 | 12843 | Custome | ID : | 4878994 | Health Insurance | A | | | |
|-----------------------|------------------------------|-------------------------|-------------------------------|----------|---|------------------|-----------------------------|--|--|--|
| Invoice Date | Policy No | The Health In | 6167111609082952 | | | | | | | |
| | Recipie | nt | MIN. | Supplier | | | | | | |
| GSTIN | illalth person | nsurance Specialis | GSTIN | 5.3 | 29AAJCS4517L1 | ZU | A | | | |
| Name Personal & Car | ame : VIJAYA KUMAR | | | | Star Health and Allied Insurance Co Ltd - Branch Office - Madiwala | | | | | |
| Address | Address : NO 28/16,7TH CROSS | | | ~\^ | : No 120 & 124, First Floor | | | | | |
| Personal | MARUTHI NAG | MARUTHI NAGAR MADIWALA | | | Hosur Main Road, Near Madiwala Police Station | | | | | |
| rance The Health Insu | BANGALORE - | 560068 | Personal & Caring Insurance | 1100 | Madiwala | STA | Health Insurance The Health | | | |
| City | : Bengaluru Taluk | Pin Code: 56 | City | ince | Bengaluru Taluk | Pin Code | : 560068 | | | |
| State | : Karnataka | Client : IN Category | State position | | Karnataka Health Insura | Place of supply | : Karnataka | | | |

| | | 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 | 17,291.00 | 0 | 17,291.00 | He Oh | 1,556.00 | 1,556.00 | 0 | 20,403.00 |

Total Invoice Value (in Figures) Rs. 20,403/-

Total Invoice Value (in Words) : Rupees Twenty thousand four hundred three 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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For Star Health and Allied Insurance Company Ltd

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