

IMPORTANT

04/01/2021

To,

Rajkumar Rathinavelu,
6116, Prestige Royale Gardens,
Dodaballapur Road, Avalahalli

Bangalore, Bangalore, Karnataka -**560064**
Mobile : 9164753973.

Dear Customer,

Re: Health Insurance Policy - P/700002/01/2021/076893

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.

SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY
Schedule
Unique Identification No.SHAHLIP21265V042021

In consideration of payment of Rs.9479/- towards renewal premium of Policy number: P/700002/01/2020/042065, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/700002/01/2021/076893									
Customer Code : AA0004584897	GSTIN : 27AAJCS4517L1ZY								
Customer Name : Rajkumar Rathinavelu	SAC Code : 997133/Accident and Health Insurance Services								
Proposer's Code : 6508394	Issue Office Code : 700002								
Proposer's Name : Rajkumar Rathinavelu	Issue Office Name : Online Business								
Address : 6116, Prestige Royale Gardens, Dodaballapur Road, Avalahalli Bangalore,Bangalore,Karnataka-560064	Address : 349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069								
Phone No : 9164753973/9164753973/	Phone No : 1800-425-2255								
E-mail Id : r@rajkumar.in	E-mail Id : online@starhealth.in								
Proposer GSTIN : -	Place of Supply : -								
Proposal Date : 30/01/2017	Fulfiller Code : SO700002								
Date of Inception of first policy : 31-JAN-2017	Intermediary Code : OL0000000001								
Renewal Year : Fourth Year									
Collection Number : 1272080065									
Collection Date : 04/01/2021									
Premium :Rs 8,033 /- IGST @18% : 1,446 /- Stamp Duty :Re 1 /- Total Premium :Rs 9,479 /-									
Total Premium In Words : Rupees Nine Thousand Four Hundred Seventy Nine Only									
Period Of Insurance From : 31/01/2021 00:00 Hrs To : Midnight Of 30/01/2022									
Policy Type : Individual									
Installment Facility Optn :No	Premium Payment Frequency :Annual								
Installment Amount Rs. : 0									
Details of Insured Persons :									
Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	OP Limit Rs.	ID Card No	Sum Insured (Rs.)	Inception Date
1	Jayalakshmi Rathinavelu	F	07/05/1947	73	MOTHER	0	6508394-1	200000	31/01/2017
Details of Pre Existing Diseases relating to the above person : Diabetes Mellitus and its complications									

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in



Authorised Signatory

Attached to and forming part of Policy No. **P/700002/01/2021/076893**

Co-Payment:

For Sum Insured Options Up to Rs.10,00,000/- :-

Copay for PED Claims : 50%

Copay for Non PED Claims : 30% irrespective of sum insured

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 dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

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.

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Jayalakshmi Rathinavelu	Mother	73	100			

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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 Online Business on 04th Day of January 2021.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

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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 : P/700002/01/2021/076893 **Type Of Policy** : Individual
Issue Office : 700002 - Online Business
Address : 349 Business Point, Unit No.204 / 205,2nd
Floor, Near Sai Service,
Western Express Highway,
Andheri (E), Mumbai -400069
Toll Free No : 1800-425-2255
Email : online@starhealth.in

This is to certify that Rajkumar Rathinavelu has paid Rs 9479 (Total Premium In Words : Indian Rupees Nine Thousand Four Hundred Seventy-Nine Only) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2021/076893 for the Period 31-JAN-21 To 30-JAN-22 issued on 04-JAN-21 .
Payment received by Cheque/Credit/Debit Card vide collection No:1272080065

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.

Star Health and Allied Insurance Company Ltd.



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4 of 5



TAX Invoice

Invoice No. : 27J272Y21P001096	Customer ID : AA0004584897
Invoice Date : 04/01/21	Policy No : P/700002/01/2021/076893
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer's Name : Rajkumar Rathinavelu	NAME : Star Health and Allied Insurance Co Ltd - Online Business
Address : 6116, Prestige Royale Gardens, Dodaballapur Road, Avalahalli	Address : 349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069
City : Bangalore,Bangalore,Karnataka-560064	City : ONLINE BUSINESS
State : Karnataka	State : Maharashtra
Pincode : 560064	Pincode : 400069
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total InvoiceValue
		A	B	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	8456	423	8033	1446				Rs. 9479

Total Invoice Value (in Figures) : Rs. 9479
 Total Invoice Value (in Words) : Rupees: Nine thousand four hundred seventy-nine 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.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID:stargst@starhealth.in

Entered by : PREMIA
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory