

**IMPORTANT**

Dear Customer,

**Re: Health Insurance Policy**

**POLICY NUMBER : P/700002/01/2018/027873**

Thank you for taking Health Insurance policy with us.

We are forwarding the policy along with the terms and conditions.

We have prepared the Policy based on the details furnished by you in the proposal form (copy enclosed) / renewal instructions and the medical examination report, wherever it has been done.

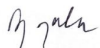
We would request you to verify the policy to ensure that all details are incorporated correctly in the policy. In case of any discrepancy, please contact us immediately. It is the primary duty of the proposer to fill the proposal form. Further, you have declared that the terminology etc, given in the proposal form and the terms and conditions of the policy are explained to you.

Please note, this insurance policy is subject to various exclusions including exclusion for pre-existing diseases as defined in the terms and conditions of this policy. If there is suppression of any material fact, the contract shall become void.

We wish you good health. Star Health is always at your doorsteps to serve you.

Thanking you,

Yours faithfully,



Authorised Signatory

**SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY**  
**Schedule**  
**Unique Identification No. IRDA/NL-HLT/SHAI/P-H/V.II/172/14-15**

<b>Policy No.</b> : P/700002/01/2018/027873	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0005284239	<b>Issue Office Code</b> : 700002
<b>Customer Name</b> : Rajkumar Rathinavelu	<b>Issue Office Name</b> : Online Business
<b>Proposer's Code</b> : 7302513	
<b>Proposer's Name</b> : Rajkumar Rathinavelu	
<b>Address</b> : B308 Platinum city, HMT Road Yeshwanthpur  Bangalore, Bangalore, Karnataka-560022	<b>Address</b> : 349 Business Point, Unit No.204 / 205, 2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069
<b>Phone No</b> : 9164753973//	<b>Phone No</b> : 1800-425-2255
<b>E-mail Id</b> : mail@rajkumar.in	<b>E-mail Id</b> : online@starhealth.in
<b>Proposal Date</b> : 30/06/2017	<b>Fulfiller Code</b> : SO161130
<b>Date of Inception of first policy</b> : 01/07/2017	<b>Intermediary Code: WA0000000009</b>
<b>Renewal Year</b> : NEW	
<b>Receipt No</b> : 1272029256	
<b>Receipt Date</b> : 30/06/2017	
<b>Premium</b> :Rs 8,456 /- <b>Service Tax</b> :Rs 1,268 /- <b>Stamp Duty</b> :Re 1 /- <b>Total Premium</b> :Rs 9,724 /-	
<b>Name</b> : M/S.Policy Bazaar Insurance Web Aggregator Pvt Ltd	
<b>Phone No</b> : 1800-208-8787/	
<b>E-mail Id</b> : custcare@policybazaar.com, gurgaon. ops@starhealth.in	
<b>Total Premium In Words</b> : Rupees Nine Thousand Seven Hundred Twenty Four Only	
<b>Period Of Insurance</b> <b>From</b> : 01/07/2017 00:00:00 Hrs <b>To</b> : Midnight Of 30/06/2018	

**Details of Insured Persons :**

Sl. No.	Name	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	Sum Insured (Rs.)	ID Card No	Limit for OP Consultation (Per Policy Period)
1	Rathinavelu Chenniappan	M	16/06/1942	75 Yrs 0 Mths	FATHER	200000	7302513-1	0

Details of Pre Existing Diseases relating to the above person : NONE

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.

**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.**

Entered by : STAR\_PORTAL

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL

  
Authorised Signatory

Attached to and forming part of Policy No. P/700002/01/2018/027873

**Nominee Details**


Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Vijayalakshmi K	Spouse	40	100			

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Online Business on 30th Day of June 2017.

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

**Hospitalisation Benefit Policy**

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

**Policy No** : P/700002/01/2018/027873 **Type Of Policy** :  
**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 9724 (Total Premium In Words : Indian Rupees Nine Thousand Seven Hundred Twenty-Four Only ) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2018/027873 for the Period 01-JUL-17 To 30-JUN-18 issued on 30-JUN-17 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1272029256

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.



Authorised Signatory

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**Emergency Help Line No. 1800 425 2255 / 044 - 2831 9100**

e-mail : support@starhealth.in Website : www.starhealth.in

**Please quote the Customer Id No. for assistance**

- ▶ This Card is valid until otherwise Cancelled.
- ▶ 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 hospitalization, kindly submit any **Government approved photo ID Card.**

**Corporate Identity Number: U66010TN2005PLC056649**



**Star Health and Allied Insurance  
Company Limited**

### Customer Identity Card

**Customer ID No.** : 7302513-1

**Name** : Rathinavelu Chenniappan

**Date Of Birth** : 16-JUN-42 **Age** : 75 Years

**Gender** : Male **Office Code** : 700002

**Valid From** : 01-JUL-17 **TA/SSM/SM Code**: SO161130

**Agent/Broker/TE Code**: WA000000009

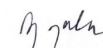
**IRDAI Regn. No:129**

\*This is a temporary ID card issued along with the policy. Original ID cards will be dispatched shortly.

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory