

**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/700002/01/2017/076445	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0004584897	<b>Issue Office Code</b> : 700002
<b>Customer Name</b> : Rajkumar Rathinavelu	<b>Issue Office Name</b> : Online Business
<b>Proposer's Code</b> : 6508394	<b>E-mail Id</b> : online@starhealth.in
<b>Proposer's Name</b> : Rajkumar Rathinavelu	<b>Address</b> : 349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway, Andheri (E), Mumbai -400069
<b>Address</b> : B308 Platinum city, HMT Road, Yeshwanthpur Bangalore, Bangalore, Karnataka-560022	
<b>Phone No</b> : 9164753973/9164753973/	<b>Phone No</b> : 1800-425-2255
<b>E-mail Id</b> : r@rajkumar.in	<b>Intermediary Code: OL0000000001</b> <b>Name</b> : Direct <b>Phone No</b> : / <b>E-mail Id</b> :
<b>Proposal Date</b> : 30/01/2017	
<b>Date of Inception of first policy</b> : 31/01/2017	
<b>Renewal Year</b> : NEW	
<b>Receipt No</b> : 1272078953 <b>Receipt Date</b> : 30/01/2017	
<b>Premium</b> :Rs 4,228 /- <b>Service Tax</b> :Rs 634 /- <b>Stamp Duty</b> :Re 1 /- <b>Total Premium</b> :Rs 4,861 /-	
<b>Total Premium In Words</b> : Rupees Four Thousand Eight Hundred Sixty One Only	
<b>Period Of Insurance</b> <b>From</b> : 31/01/2017 22:13:59 Hrs <b>To</b> : Midnight Of 30/01/2018	

**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	Jayalakshmi Rathinavelu	F	07/05/1947	69 Yrs 8 Mths	MOTHER	100000	6508394-1	0

Details of Pre Existing Diseases relating to the above person : Diabetes Mellitus and its complications

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 : SH10798



Authorised Signatory

Attached to and forming part of Policy No. P/700002/01/2017/076445

**Nominee Details**

Insured Name: Jayalakshmi Rathinavelu

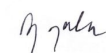
Sr. No	Nominee Name	Relationship of the Nominee with the Insured	Age	Percentage	Appointee's Name(if applicable)	Appointee's Age (if applicable)	Relationship of the Appointee with the Insured
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In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Online Business on 31st Day of January 2017.

Entered by : STAR\_PORTAL

Approved by : SH10798

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/700002/01/2017/076445 **Type Of Policy** :  
**Issue Office** : 700002 - Online Business  
**Address** : B308 Platinum city, HMT Road,  
Yeshwanthpur  
**Toll Free No** : 1800-425-2255  
**Email** : online@starhealth.in


This is to certify that Rajkumar Rathinavelu has paid Rs 4862 (Total Premium In Words : Indian Rupees Four Thousand Eight Hundred Sixty-One Only ) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2017/076445 for the Period 31-JAN-17 To 30-JAN-18 issued on 31-JAN-17 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1272078953

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



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.** : 6508394-1

**Name :** Jayalakshmi Rathinavelu

**Date Of Birth** : 07-MAY-47 **Age** : 69 Years

**Gender** : Female **Office Code** : 700002

**Valid From** : 31-JAN-17 **TA/SSM/SM Code:** SO700002

**Agent/Broker/TE Code:** OL0000000001

**IRDAI Regn. No:129**

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