

**IMPORTANT**

To,

Rajkumar Rathinavelu,  
B308 Platinum city, HMT Road,  
Yeshwanthpur

Bangalore, Bangalore, Karnataka-560022  
Mobile : 9164753973.

Dear Customer,

**Re: Health Insurance Policy - P/700002/01/2018/061598**

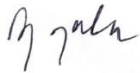
We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

**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 stay in eligible room as stated in the policy, to avoid payment of proportionate increased charges claimed by the hospitals, from your hand.

**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/700002/01/2018/061598	<b>Previous Policy No.</b> : P/700002/01/2017/076445
<b>Customer Code</b> : AA0004584897	<b>GSTIN</b> : 27AAJCS4517L1ZY
<b>Customer Name</b> : Rajkumar Rathinavelu	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer's Code</b> : 6508394	<b>Issue Office Code</b> : MUMBAI
<b>Proposer's Name</b> : Rajkumar Rathinavelu	<b>Issue Office Name</b> : Online Business
<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> : 9164753973/9164753973/	<b>Phone No</b> : 1800-425-2255
<b>E-mail Id</b> : r@rajkumar.in	<b>E-mail Id</b> : online@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal Date</b> : 30/01/2017	<b>Fulfiller Code</b> : SO700002
<b>Date of Inception of first policy</b> : 31/01/2017	<b>Intermediary Code: OL0000000001</b>
<b>Renewal Year</b> : First Year	
<b>Receipt No</b> : 1272062992	
<b>Receipt Date</b> : 10/12/2017	
<b>Premium :Rs 4,227 /-</b> <b>IGST @18% : 761 /-</b> <b>Stamp Duty :Re 1 /-</b> <b>Total Premium :Rs 4,988 /-</b>	
<b>Total Premium In Words : Rupees Four Thousand Nine Hundred Eighty Eight Only</b>	
<b>Period Of Insurance From : 31/01/2018 00:00:00 Hrs To : Midnight Of 30/01/2019</b>	

**Details of Insured Persons :**

Sl. No.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	ID Card No	Limit for OP Consultation (Per Policy Period)	Inception Date
1	Jayalakshmi Rathinavelu	F	07/05/1947	70	MOTHER	100000	6508394-1	0	31/01/2017

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 : PREMIA

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

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

Attached to and forming part of Policy No. P/700002/01/2018/061598

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee

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)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Online Business on 10th Day of December 2017.

Entered by : PREMIA

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/700002/01/2018/061598 **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 4988 (Total Premium In Words : Indian Rupees Four Thousand Nine Hundred Eighty-Eight Only ) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2018/061598 for the Period 31-JAN-18 To 30-JAN-19 issued on 10-DEC-17 .

Payment received by Cheque/Credit/Debit Card vide collection No:1272062992

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 : PREMIA

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory