

13/09/2022

To,

CHANTATI PADMA JANARDHANA RAO,
20-20-14,S1, Sri Sai Swagruha, Bhagawannagar,
-Vizianagaram

-
Vizianagaram,Vizianagaram,Andhra Pradesh -**535002**
Mobile : 98XXXXXX96.

Dear Customer,

Re: Health Insurance Policy - P/131116/01/2023/017157

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.

Medi Classic Insurance Policy (Individual)

SCHEDULE

Unique Identification No. SHAHLIP23037V072223

Policy No. : P/131116/01/2023/017157	Previous Policy No. : P/131116/01/2022/015207
Customer Code : AA0009378557	GSTIN : 36AAJCS4517L1ZZ
Customer Name : CHANTATI PADMA JANARDHAN RAO	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 11986836	Issuing Office Code : 131116
Proposer's Name : CHANTATI PADMA JANARDHANA RAO	Issuing Office Name : Branch Office - Tarnaka
Address : 20-20-14,S1, Sri Sai Swagraha, Bhagawannagar, -Vizianagaram	Issuing Office Address : 303/4, third floor, 12-13-97 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.
-	Phone No : 040 - 40181125
Vizianagaram,Vizianagaram,Andhra Pradesh -535002	E-mail Id : taranaka@starhealth.in
Phone No : 98XXXXXX96 / -	Place of Supply : Andhra Pradesh / State Code : 37
E-mail Id : pjXXXXXXX@GMAIL.COM	Fulfiller Code : SO131116
Proposer GSTIN : -	Intermediary Code : LC0000000248
Proposal date : 19-AUG-21	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Date of Inception of first policy : 19-AUG-2019	Phone No : 02402350377/9850049400
Renewal Year : Third Year	E-mail Id : insurance@kailashjain.in
Collection Number : 1050019247	
Collection Date : 13/09/2022	
Premium :Rs 11,498 /- IGST @18% :Rs 2,070 /- Stamp Duty :Rs 1 /- Total Premium:Rs 13568 /-	
Total Premium In Words : Rupees Thirteen Thousand Five Hundred Sixty Eight Only	Installment Facility Optn :No
Premium Payment Frequency :Annual	Installment Amount : Rs. 0
PERIOD OF INSURANCE : FROM : 13/09/2022 06:27	TO : Midnight Of 12/09/2023
	Policy Term : 1 Year

Details of Insured Persons :

No. of Persons Insured: 1

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumu.Bonus (Rs.)	ID Card No	Pre Existing Disease	Inception Date
1	CHANTATI PADMA JANARDHANA RAO	M	07/10/1980	41	SELF	1000000	75000	11986836-1	No PED declared	19/08/2019

Optional Covers Opted : Gold Plan: No

Hospital Cash:No

Patient Care: No

IMPORTANT

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED. 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.

Entered by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Approved by : PORTAL



Authorised Signatory

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : support@starhealth.in

Please see overleaf 2 of 4

Attached to and forming part of Policy No : P/131116/01/2023/017157

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.

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.

"Consolidated Stamp duty paid vide Proceeding No : GSO5/8157/P/2022 Dt:16/8/2022"

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	VIJAYA SWAPNA GEETHA VANI	Spouse	40	100			

The wording mentioned below appearing under Coverage II (M) in policy wording stands deleted.

"Note: Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment".

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tarnaka on 13th Day of September 2022.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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Entered by : PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 3 of 4

TAX Invoice



Invoice No. : 36F050Y23P001248	Customer ID : AA0009378557
Invoice Date : 13/09/22	Policy No : P/131116/01/2023/017157
Recipient	Supplier
GSTIN : -	GSTIN : 36AAJCS4517L1ZZ
Proposer's Name : CHANTATI PADMA JANARDHANA RAO	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Tarnaka
Address : 20-20-14,S1, Sri Sai Swagraha, Bhagawannagar, -Vizianagaram	Address : 303/4, third floor, 12-13-97 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.
City :	City : TARNAKA
State : Andhra Pradesh	State :
Pincode : 535002	Pincode : 500007
Client Category : IND	Place of Supply : 36 -

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		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	11498	0	11498	2070				Rs. 13568 /-

Total Invoice Value (in Figures) : Rs. 13568 /-
 Total Invoice Value (in Words) : Rupees: Thirteen thousand five hundred sixty-eight 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 L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PORTAL
 Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 4 of 4