

**IMPORTANT**

17/11/2022

To,

YELISETTY RAVIKANTH,  
F.NO-206, SHOURIERATNAM ENCLAVE, RAJENDRANAGAR, MAHABUBNAGAR,  
TELANGANA-509001

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Mahbubnagar (M+OG),Mahbubnagar,Telangana -**509001**  
Mobile : 77XXXXXX88.

Dear Customer,

Re: Health Insurance Policy - P/131127/01/2023/013487

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.

**Family Health Optima Insurance Plan**  
SHAHLIP22030V062122

In consideration of payment of Rs.20580 /- towards renewal premium of Policy number: P/131127/01/2022/014404, the policy stands renewed for a further period of 1 year as per the details given below.

<b>Renewal Endorsement No : P/131127/01/2023/013487</b>		
Customer Code : AA0005997583	GSTIN : 36AAJCS4517L1ZZ	
Customer Name : Mr.YELISETTY RAVIKANTH	SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 8092102	Issuing Office Code : 131127	
Proposer Name : YELISETTY RAVIKANTH	Issuing Office Name : Branch Office - Himayat Nagar	
Address : F.NO-206, SHOURIERATNAM ENCLAVE, RAJENDRANAGAR, MAHABUBNAGAR, TELANGANA-509001 - - Mahbubnagar (M+OG),Mahbubnagar,Telangana -509001	Address : 1,3-6-111/8 and 3-6-111/9,3rd Floor, Far East Plaza, Himayatnagar, Hyderabad-500029	
Tel/Mobile : 77XXXXXX88 / -	Tel/Mobile : 040-42204151	
E-mail id : RAXXXXXXX@YAHOO.COM	E-mail id : himayatnagar@starhealth.in	
Proposer GSTIN : -	Place of Supply : -	
Proposal date : 13/11/2017	Fulfiller Code : SO131127	
Date of Inception of first policy : 14-NOV-2017	<b>Intermediary Code : LC0000000248</b>  <b>Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD</b>  <b>Tel/Mobile : 02402350377/9850049400</b>  <b>E-mail id : insurance@kailashjain.in</b>	
Renewal Year : Fifth Year		
Collection Number & Date : 1290014679 & 17/11/2022		
Basic Cover : Rs 17440 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add -on Cover) : Rs /- Premium : Rs 17440 /- CGST @9% : Rs 1,570/- SGST / UTGST @9% : Rs 1,570/- Total Premium : Rs 20580 /- Stamp Duty : Re 1/-		
<b>Total Premium In Words : Rupees Twenty Thousand Five Hundred Eighty Only</b>		
Installment Facility Optn :No	Premium Payment Frequency :Annual	Installment Amount Rs. : 0

<b>Period of insurance : From : 19/11/2022 00:00 To : Midnight of 18/11/2023</b>
<b>Basic Floater Sum Insured : 1000000</b>
<b>In words : Rupees: Ten Lakhs Only</b>
<b>Bonus: Rs. 375000 Limit of Coverage : Rs. 1375000 Recharge Benefit : Rs. 150000</b>
<b>Scheme Description : 2ADULT+2CHILD</b>

**Details of Insured Persons :**

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Inception Date
1	Y.RAVIKANTH	M	25/07/1985	37	SELF	8092102-1	No PED declared	14/11/2017
2	Y.SHRAVANTHI	F	27/07/1987	35	SPOUSE	8092102-2		14/11/2017
<b>Pre Existing Disease : No Pre Existing Disease declared</b>								

Entered By : PREMIA  
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



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**L66010TN2005PLC056649**

Attached to and forming part of Policy No. P/131127/01/2023/013487

3	Y.ABHIGNA	F	05/04/2013	9	DEPENDANT CHILD	8092102-3	No PED declared	14/11/2017
4	Y.SAHAN	M	14/12/2017	4	DEPENDANT CHILD	8092102-4	No PED declared	14/11/2018

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	shravanthi	Spouse	35	100			

**Sector Classification**

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

**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.

**Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522 .**

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

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 Branch Office - Himayat Nagar on 17th Day of November 2022.

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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Entered By : PREMIA  
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## TAX Invoice



Invoice No. : 36H290Y23P000958	Customer ID : AA0005997583
Invoice Date : 17/11/22	Policy No : P/131127/01/2023/013487
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 36AAJCS4517L1ZZ
Proposer Name : YELISETTY RAVIKANTH	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Himayat Nagar
Address : F.NO-206, SHOURIERATNAM ENCLAVE, RAJENDRANAGAR, MAHABUBNAGAR, TELANGANA- 509001	Tel/Mobile : 1,3-6-111/8 and 3-6-111/9,3rd Floor, Far East Plaza, Himayatnagar, Hyderabad-500029
City : -	City : HIMAYAT NAGAR
State : Telangana	State : -
Pincode : 509001	Pincode : 500029
Client Category : IND	Place of Supply : 36 -

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	17440	0	17440		1570	1570		Rs. 20580

Total Invoice Value (in Figures) : Rs. 20580  
 Total Invoice Value (in Words) : Rupees: Twenty thousand five hundred eighty 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

**Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : PREMIA  
 Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory