

IMPORTANT
20/01/2023

To,

ANDHAGALA RAGHU,
FLAT NO-204 , KALYAN CASTLE , ROAD NO-3 , R.R CHICKEN CENTRE LANE, KPHB ,
KUKATPALLY-500072

-
-

Hyderabad,Rangareddi,Telangana -**500072**
Mobile : 98XXXXXX16.

Dear Customer,

Re: Health Insurance Policy - P/131127/01/2023/017478

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.20532 /- towards renewal premium of Policy number: P/131127/01/2022/016563, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/131127/01/2023/017478		
Customer Code : AA0006467624	GSTIN : 36AAJCS4517L1ZZ	
Customer Name : Mr.ANDHAGALA RAGHU	SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 8615315	Issuing Office Code : 131127	
Proposer Name : ANDHAGALA RAGHU	Issuing Office Name : Branch Office - Himayat Nagar	
Address : FLAT NO-204 , KALYAN CASTLE , ROAD NO-3 , R.R CHICKEN CENTRE LANE, KPHB , KUKATPALLY-500072	Address : 1,3-6-111/8 and 3-6-111/9,3rd Floor, Far East Plaza, Himayatnagar, Hyderabad-500029	
Tel/Mobile : 98XXXXXX16 / -	Tel/Mobile : 040-42204151	
E-mail id : arXXXXXX@yahoo.com	E-mail id : himayatnagar@starhealth.in	
Proposer GSTIN : -	Place of Supply : -	
Proposal date : 20/01/2018	Fulfiller Code : SO131127	
Date of Inception of first policy : 20-JAN-2018	Intermediary Code : LC0000000248	
Renewal Year : Fifth Year		
Collection Number & Date : 1290019026 & 20/01/2023		
Basic Cover : Rs 17400 /- Section 1(Extra Protect Add-on Cover) : Rs /- Section 2(Extra Protect Add-on Cover) : Rs 0 /- Premium : Rs 17400 /- CGST @9% : Rs 1,566 /- SGST / UTGST @9% : Rs 1,566 /- Total Premium : Rs 20532 /- Stamp Duty : Re 1 /-		
Total Premium In Words : Rupees Twenty Thousand Five Hundred Thirty Two Only		
Installment Facility Optn :No	Premium Payment Frequency :Annual	Installment Amount Rs. : 0

Period of insurance : From : 21/01/2023 00:00	To : Midnight of 20/01/2024	
Basic Floater Sum Insured : 500000		
In words : Rupees: Five Lakhs Only		
Bonus: Rs. 325000	Limit of Coverage : Rs. 825000	Recharge Benefit : Rs. 150000
Scheme Description : 2ADULT+1CHILD		

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	ANDHAGALA RAGHU	M	25/04/1972	50	SELF	8615315-1	No PED declared	20/01/2018
2	A.SANGEETHA	F	22/08/1978	44	SPOUSE	8615315-2		20/01/2018
Pre Existing Disease : No Pre Existing Disease declared								
3	A.SHREYA	F	11/06/2004	18	DEPENDANT CHILD	8615315-3	No PED declared	20/01/2018

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

L66010TN2005PLC056649

Attached to and forming part of Policy No. P/131127/01/2023/017478

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	A.SANGEETHA	Spouse	44	100			

Sector Classification

Urban		
-------	--	--

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 FOR POLICY STAMPS PAID VIDE ORDER No : GSO5/1711/P/2023 Dated 8/2/2023"

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 20th Day of January 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease

Entered By : PREMIA
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 36J290Y23P001249	Customer ID : AA0006467624
Invoice Date : 20/01/23	Policy No : P/131127/01/2023/017478
Recipient	Supplier
GSTIN : -	GSTIN : 36AAJCS4517L1ZZ
Proposer Name : ANDHAGALA RAGHU	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Himayat Nagar
Address : FLAT NO-204 , KALYAN CASTLE , ROAD NO-3 , R.R CHICKEN CENTRE LANE, KPHB , KUKATPALLY-500072	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 : 500072	Pincode : 500029
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	17400	0	17400		1566	1566		Rs. 20532

Total Invoice Value (in Figures) : Rs. 20532
 Total Invoice Value (in Words) : Rupees: Twenty thousand five hundred thirty-two 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.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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