



Star Health And Allied Insurance Company Limited

Date : 18-Nov-2023

IMPORTANT

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

Mahabub Nagar Urban,Telangana-**509001**
Mobile : 7799990988

Dear Customer,

Re: Health Insurance Policy - 11240512169106

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 Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

Policy No. : 11240512169106	Previous Policy No : P/131127/01/2023/013487
Customer Code : 8092102	GSTIN : 36AAJCS4517L1ZZ
Customer Name : 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
Proposer Address : F.NO-206, SHOURIERATNAM ENCLAVE, RAJENDRANAGAR, MAHABUBNAGAR, TELANGANA-509001 - Mahabub Nagar Urban Telangana 509001	Issuing Office Address : 1,3-6-111/8 and 3-6-111/9 3rd Floor, Far East Plaza Himayatnagar, Hyderabad_x005f5D0029 Himayat Nagar - Hyderabad Telangana 500029
Phone No : 7799990988	Phone No :
E-mail Id : RAVIKANTH4RAVI@YAHOO.COM	E-mail Id : himayatnagar@starhealth.in
Proposer GSTIN : NO	Place of Supply : Telangana
Proposal date : 13-Nov-2017	Fulfiller Code : SO131127
Date of Inception : 14-Nov-2017 of first policy	Intermediary Code : LC0000000248
Policy Category : Sixth Year	
Collection No : 131127/RV/2024/0081365413	
Collection Date : 17-Nov-2023	
Base Product Premium : Rs. 23,726/- No Claim Discount : Rs. 1,186/-	Name : M/S.JAINUINE INSURANCE BROKERS PVT LTD
Premium : Rs. 22,540/-	Phone No : 2225747
CGST @ 9% : Rs. 2,029/-	E-mail Id : insurance@kailashjain.in
SGST @ 9% : Rs. 2,029/-	
Total Premium : Rs. 26,598/-	
Stamp Duty : Re. 1/-	
Total Premium In Words : Rupees Twenty Six thousand five hundred ninety eight only	
PERIOD OF INSURANCE : From : 19-Nov-2023 00:00	To : Midnight Of 18-Nov-2024
Policy Term : 1 Year	
Installment Facility Option : No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-	

Entered by : SH37587
Approved by : SH37587

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Attached to and forming part of Policy No: 11240512169106

Scheme Description (Family Size) :2A+2C	Basic Floater Sum Insured :Rs. 20,00,000/-
Bonus : Rs. 3,75,000/-	Limit of Coverage : Rs. 23,75,000/-
	Recharge Benefit : Rs. 1,50,000/-

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	Y.RAVIKANTH	Male	25-Jul-1985	38	Self	8092102-1	14-Nov-2017
Pre Existing Disease : No PED Declared							
2	Y.SHRAVANTHI	Female	27-Jul-1987	36	Spouse	8092102-2	14-Nov-2017
Pre Existing Disease : No PED Declared							
3	Y.ABHIGNA	Female	05-Apr-2013	10	Daughter	8092102-3	14-Nov-2017
Pre Existing Disease : No PED Declared							
4	Y.SAHAN	Male	14-Dec-2017	5	Son	8092102-4	14-Nov-2018
Pre Existing Disease : No PED Declared							

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	SHRAVANTHI	Spouse	36	100			

Sector Classification:

Urban	Informal Sector
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"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO : GSO5/8221/P/2023 DT:01/08/2023"

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).

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.

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Himayat Nagar on 18th Day of November 2023.

Entered by : SH37587
Approved by : SH37587

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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Tax Invoice



Invoice No. :	3623111000854924	Customer ID :	8092102
Invoice Date :	17-Nov-2023	Policy No. :	11240512169106
Recipient		Supplier	
GSTIN :		GSTIN :	36AAJCS4517L1ZZ
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	Address :	1,3-6-111/8 and 3-6-111/9 3rd Floor, Far East Plaza Himayatnagar, Hyderabad_x005f5D0029
City :	Mahabub Nagar Urban	City :	Himayat Nagar - Hyderabad
State :	Telangana	State :	Telangana
Pin Code :	509001	Pin Code :	500029
Client Category :	IND	Place of supply :	Telangana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	22,540.00	0	22,540.00	0	2,029.00	2,029.00	0	26,598.00

Total Invoice Value (in Figures) : Rs. 26,598/-

Total Invoice Value (in Words) : Rupees Twenty Six thousand five hundred ninety 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

"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

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: stargst@starhealth.in

Entered by : SH37587

Approved by : SH37587

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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