



# Star Health And Allied Insurance Company Limited

Date : 09-May-2026

**IMPORTANT**

To,  
ANITHA RANI R,  
No.03,VOC Nagar  
2nd street  
kovilpatti-628502  
Kovilpatti Taluka,Tamil Nadu-628502  
Mobile : 9444814224

Dear Customer,

**Re: Health Insurance Policy - 7549112007424969**

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.

This is an electronically generated document (Policy Schedule). CONSOLIDATED STAMP DUTY PAID VIDE G.O. (R.T) NO.433 DATED 31ST MARCH 2026

**Star Health Assure Insurance Policy UIN : SHAHLIP26048V032526**

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## Star Health Assure Insurance Policy Unique Identification No. SHAHLIP26048V032526 POLICY SCHEDULE

<b>Policy No.</b> : 7549112007424969	<b>Previous Policy No</b> : 2280112006465408
<b>Customer Code</b> : BP0048681348	<b>GSTIN</b> : 33AAJCS4517L1Z5
<b>Customer Name</b> : ANITHA RANI R	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Cust CKYC No</b> : 10087934390236	
<b>Proposer Code</b> : 11395908	<b>Issuing Office Code</b> : 110000
<b>Proposer Name</b> : ANITHA RANI R	<b>Issuing Office Name</b> : Zonal Office - Chennai
<b>Proposer Address</b> : No.03,VOC Nagar 2nd street kovilpatti-628502 Kovilpatti Taluka Tamil Nadu 628502	<b>Issuing Office Address</b> : No 1, New Tank Street Valluvarkottam High Road Nungambakkam Chennai Tamil Nadu 600034
<b>Phone No</b> : 9444814224	<b>Phone No</b> : 044-46881278/044-46881262
<b>E-mail Id</b> : anitharani1987@gmail.com	<b>E-mail Id</b> : chennai.zo@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Tamil Nadu
<b>Proposal Date</b> : 20-May-2019	<b>Fulfiller Code</b> : SO110000
<b>Date of Inception of first policy</b> : 20-May-2019	
<b>Policy Category</b> : Seventh Year	<b>Intermediary Code</b> : OL0000000036
<b>Collection No</b> : 110000/RV/2027/0306284345	<b>Name</b> : M/S.OFFICE DIRECT - XCOM
<b>Collection Date</b> : 09-May-2026	
<b>Premium</b> : Rs. 41,510/-	
<b>Optional Cover and Add-on Premium</b> : Rs. 1,121/-	
<b>CGST @ 0%</b> : Rs. 0/-	<b>Phone No</b> : 04424845051/72005343 72
<b>SGST @ 0%</b> : Rs. 0/-	<b>E-mail Id</b> : star.xascom@starinsurance.in
<b>Total Premium</b> : Rs. 42,631/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Forty Two thousand six hundred thirty one only</b>	
<b>Period of Insurance</b> : <b>From</b> : 20-May-2026 00:00Hrs <b>To</b> : Midnight of 19-May-2027	<b>Policy Term</b> : 1 Year
<b>Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-</b>	
<b>Policy Type</b> : FLOATER	<b>Scheme Description</b> : 2A
<b>Basic Floater Sum Insured</b> : Rs. 5,00,000/-	<b>Bonus</b> : Rs. 2,50,000/-
<b>Sum Insured In Words</b> : Rupees Five lakhs only	<b>Zone</b> : ZONE D
<b>Optional Cover (Deductible)</b> : No	<b>Deductible</b> : Rs. 0/-

Entered by : CUSTPORTAL  
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

**Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526**

**IRDAI Regn.No.129**

**Email ID: info@starhealth.in**

**Corporate Identity Number L66010TN2005PLC056649**

Authorised Signatory

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Attached to and forming part of Policy No: 7549112007424969

**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	RAVI KUMAR	Male	04-May-1960	66	Father	11395908-1	20-May-2019
<b>Pre Existing Disease :</b> No PED Declared							
2	MEENA KUMARI	Female	16-Jul-1964	61	Mother	11395908-2	20-May-2019
<b>Pre Existing Disease :</b> No PED Declared							

Opted Covers: Star Flexi – UIN : SHAHLIA26040V012526

Name of the additional cover(s) - Status	
2	Health Booster Covered

**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	MEENA KUMARI	Mother	61	100			

**Sector Classification:**

Rural
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**"CONSOLIDATED STAMP DUTY PAID VIDE G.O. (R.T) NO.433 DATED 31ST MARCH 2026"**

Please check whether the details given by you about the insured person(s) 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 Email: support@starhealth.in**

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**Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526**

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# Star Health And Allied Insurance Company Limited

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Zonal Office - Chennai on 09th Day of May 2026.

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**Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526**

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**Star Health and Allied Insurance  
Company Limited  
Customer Identity Card**

**Policy No :** 7549112007424969

Name	DOB	Gender	Customer id
RAVI KUMAR	04-May-1960	Male	11395908-1
MEENA KUMARI	16-Jul-1964	Female	11395908-2

**Valid From :** 20-May-2026

**Valid Till :** 19-May-2027

**Office Code :** 110000

**Agent/Broker/TE Code :** OL0000000036

**TA/SSM/SM Code :** SO110000

**IRDAI Regn.No:129**

**Emergency Help Line No.1800 425 2255/1800 102 4477**

e-mail : [support@starhealth.in](mailto:support@starhealth.in) Website : [www.starhealth.in](http://www.starhealth.in)

**Please quote the Customer Id No. for assistance**

- This ID Card is invalid,if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation,kindly submit any **Government approved photo ID Card.**

**Corporate Identity Number : L66010TN2005PLC056649**

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For Star Health and Allied Insurance Company Ltd.

**Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526**

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## Tax Invoice



<b>Invoice No.</b> : 3326051040682430	<b>Customer ID</b> : BP0048681348		
<b>Invoice Date</b> : 09-May-2026	<b>Policy No.</b> : 7549112007424969		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 33AAJCS4517L1Z5	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Zonal Office - Chennai	
<b>Address</b> :	<b>Address</b> :	No 1, New Tank Street Valluvarkottam High Road Nungambakkam	
<b>City</b> :	<b>Pin Code</b> :	<b>City</b> :	<b>Pin Code</b> :
Kovilpatti Taluka	628502	Chennai	600034
<b>State</b> :	<b>Client Category</b> :	<b>State</b> :	<b>Place of supply</b> :
Tamil Nadu	IND	Tamil Nadu	Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 0% D = C * IGST	CGST @ 0% E = C * CGST	UT/SGST @ 0% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	42,631.00	0	42,631.00	0	0	0	0	42,631.00

**Total Invoice Value (in Figures)** : Rs. 42,631/-

**Total Invoice Value (in Words)** : Rupees Forty Two thousand six hundred thirty one 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**

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