Star Health And Allied Insurance Company Limited

Date : 31-May-2026

To,

IMPORTANT

Sasirekha Baskaran,
2/789/A25, Lakshmi Nagar,
2nd Main Road, Devarkulam

Vendurayapuram,Tamil Nadu-**626124**
Mobile : 7845388547

Dear Customer,

Re: Health Insurance Policy - 3419112700041218

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 30 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorized Signatory

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

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034.Phone:044-28288800
Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai-600004. Phone:044-47886666
Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649
Email:support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

Super Star
Unique Identification No. SHAHLIP27049V022627
POLICY SCHEDULE

Policy No.	:	**3419112700041218**	**Previous Policy No**	:	
Customer Code	:	PI0013224259	GSTIN	:	33AAJCS4517L1Z5
Customer Name	:	Sasirekha Baskaran	SAC Code	:	997133 / Accident and Health Insurance Services
Cust CKYC No	:	null			
Proposer Code	:	PI0013224259	Issuing Office Code	:	111116
Proposer Name	:	Sasirekha Baskaran	Issuing Office Name	:	Branch Office - Kodambakkam
Proposer Address	:	2/789/A25, Lakshmi Nagar, 2nd Main Road, Devarkulam Vendurayapuram Tamil Nadu 626124	Issuing Office Address	:	No.36 Kalpalathika Towers 1st Floor Dr. Ambedkar Road, Kodambakkam Chennai Tamil Nadu 600024
Phone No	:	7845388547	Phone No	:	044-49064103/044-49064104/044-49064105
E-mail Id	:	sasirekha.baskaran@gmail.com	E-mail Id	:	chennai.kodambakkam@starhealth.in
Proposer GSTIN	:	NO	Place of Supply	:	Tamil Nadu
Proposal Date	:	31-May-2026	Fulfiller Code	:	SH67282
Date of Inception of first policy	:	31-May-2026			
Policy Category	:	New	**Intermediary Code**	:	**BA0000855420**
Collection No	:	111116/RV/2027/0310158859	**Name**	:	**J JAYASUDHA**
Collection Date	:	31-May-2026			
Base Product Premium	:	Rs. 24,290/-			
Optional Cover and Add-on Premium	:	Rs. 4,434/-			
Optional Cover and Add-on Discount	:	Rs. 1,306/-			
CGST @ 0%	:	Rs. 0/-	**Phone No**	:	**7200984262/7200984262**
SGST @ 0%	:	Rs. 0/-	**E-mail Id**	:	**jjjsudha@gmail.com**
Total Premium	:	Rs. 27,418/-			
Stamp Duty	:	Re. 1/-			

Total Premium In Words : Rupees Twenty Seven thousand four hundred eighteen only

Period of Insurance : From : 31-May-2026 14:02 Hrs **To :** Midnight of 30-May-2027 **Policy Term :** 1 Year

Installment Facility Option: No **Premium Payment Frequency : Annual** **Installment Amount Rs. : 0/-**

Zone : ZONE 3

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Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDAI Regn.No.129
Email ID: info@starhealth.in
Corporate Identity Number L66010TN2005PLC056649

Super Star - UIN : SHAHLIP27049V022627 Star Flexi – UIN : SHAHLIA26040V012526

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Email:support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 3419112700041218

Details of Insured Persons : **No. of Persons Insured : 1**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Sum Insured (Rs.)	Cumulative Bonus (Rs.)	Inception date
1	JAYALAKSHMI	Female	26-Oct-1962	63	Mother	ME0537799476	5,00,000	0	31-May-2026
Pre Existing Disease :	Diabetes Mellitus and its complications								

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Name of additional cover(s) - Status							
S. No	**Name of the Additional cover(s)**	JAYALAKSHMI	NA	NA	NA	NA	NA
1	Annual Health Check-up	Covered	NA	NA	NA	NA	NA
2	E-International Second Opinion	Covered	NA	NA	NA	NA	NA
3	Coverage for Non- Medical Items (Consumables cover Table I (68 Items))	Covered	NA	NA	NA	NA	NA

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Opted Covers: Star Flexi – UIN : SHAHLIA26040V012526 Classic							
Name of additional cover(s) - Status							
S. No	**Name of the Additional cover(s)**	JAYALAKSHMI	NA	NA	NA	NA	NA
1	Room Rent Modification	Any Room to Single Private AC Room	NA	NA	NA	NA	NA

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	Sucitra B	Sister	39	100			

Sector Classification:

Rural		

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

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Kodambakkam on 31st Day of May 2026.

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : 3419112700041218 **Type of Policy :** Super Star-2026

Issue Office : 111116-Branch Office - Kodambakkam

Address : No.36
Kalpalathika Towers 1st Floor
Dr. Ambedkar Road, Kodambakkam
Chennai Tamil Nadu 600024

Tel / Fax : 044-49064103/044-49064104/044-49064105

Email : chennai.kodambakkam@starhealth.in

This is to certify that Sasirekha Baskaran has paid Rs 27,418/- (Total Premium : Indian Rupees Twenty Seven thousand four hundred eighteen only) towards Premium for Hospitalization Insurance vide Policy No: 3419112700041218 for the Period 31-May-2026 To 30-May-2027 issued on 31-May-2026.

Payment received by Payment Gateway vide Receipt No: 111116/RV/2027/0310158859/1 Receipt Date: 31-May-2026

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

Date : 31-May-2026

Place : Branch Office - Kodambakkam

For and on behalf of

Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Authorised Signatory

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Super Star - UIN : SHAHLIP27049V022627 Star Flexi – UIN : SHAHLIA26040V012526

Star Health and Allied Insurance Company Limited

Customer Identity Card

Policy No : 3419112700041218

Name	DOB	Gender	Customer id
JAYALAKSHMI	26-Oct-1962	Female	ME0537799476

Valid From : 31-May-2026 **Valid Till :** 30-May-2027

Office Code : 111116 **Agent/Broker/TE Code :** BA0000855420

TA/SSM/SM Code : SH67282

IRDAI Regn.No:129

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

e-mail : support@starhealth.in Website : 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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Tax Invoice

Invoice No.	: 332605I041521293		**Customer ID**	: PI0013224259	
Invoice Date	: 31-May-2026		**Policy No.**	: 3419112700041218	
Recipient			**Supplier**		
GSTIN	:		**GSTIN**	: 33AAJCS4517L1Z5	
Name	: Sasirekha Baskaran		**Name**	: Star Health and Allied Insurance Co Ltd - Branch Office - Kodambakkam	
Address	: 2/789/A25, Lakshmi Nagar, 2nd Main Road, Devarkulam		**Address**	: No.36 Kalpalathika Towers 1st Floor Dr. Ambedkar Road, Kodambakkam	
City	: Vendurayapuram	**Pin Code** : 626124	**City**	: Chennai	**Pin Code** : 600024
State	: Tamil Nadu	**Client Category** : IND	**State**	: Tamil Nadu	**Place of supply** : Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 0%	CGST @ 0%	UT/SGST @ 0%	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	27,418.00	0	27,418.00	0	0	0	0	27,418.00

Total Invoice Value (in Figures) : Rs. 27,418/-

Total Invoice Value (in Words) : Rupees Twenty Seven thousand four hundred eighteen 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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Star Health And Allied Insurance Company Limited

Name Of the Product	Super Star
Product UIN No.	SHAHLIP27049V022627

Summary of Important Benefits-Basic Cover

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)								Refer to Policy clause No.
	Sum Insured (in Rs.)	5 Lakh	7.5 Lakh	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	1Crore	Unlimited SI	
1	Room Category	Any Room									II. 1
	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Actual									
	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs	Actual									
2	Day care Treatment	All Day Care treatments are Covered									II. 2
3	Pre-Hospitalization Expenses	Up to 90 days prior to the date of hospitalization									II. 3
4	Post-Hospitalization Expenses	Up to 180 days from the date of discharge from the hospital									II. 4
5	Coverage for Modern Treatments	Actual									II. 5
6	AYUSH Treatment	Actual									II. 6
7	Road Ambulance Expenses	Actual									II. 7
8	Air Ambulance	Covered up to Rs.5,00,000/- in a policy year									II. 8
9	Organ Donor Expenses	Actual									II. 9
10	Home care treatment	Actual									II. 10
11	Domiciliary Hospitalization	Actual									II. 11
12	E-Domestic Second Medical Opinion	Available									II. 12
13	Premium Waiver	For one policy year incase of first diagnosis of critical illness/ incase of death of proposer who is also insured									II. 13
14	Cumulative Bonus	50% of sum insured for each claim free year subject to a maximum of 100% of the sum insured									II. 14
15	Automatic Restoration of Sum Insured	Sum Insured will be restored unlimited number of times and maximum up to 100% each time									II. 15
16	Tele-Consultation	Available unlimited times on star health mobile app									II. 16
	AI Driven Face Scan	Available up to 2 times per month per insured in a policy year on star health mobile app									
17	Dental Check-up & Cleaning	For one Insured Person under each policy in a policy year, available in 2nd & 3rd policy year									II. 17
18	Value Added Services	Discounts available on pharmacy, diagnostics and consultation on star health mobile app									II. 18
19	Freeze Your Age	Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment /Ayush Treatment under Basic Cover.									II. 19
20	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities									II. 20

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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Approved by : PORTAL

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