STAR HEALTH AND ALLIED INSURANCE COMPANY LTD

Super Star

UIN: SHAHLIP27049V022627 / Star Flexi UIN: SHAHLIA26040V012526
Unique Reference No. SHAI/PR0081

Following are the details entered to obtain your policy

Proposer Details

Title	Mrs.	First Name	Sasirekha
Middle Name	-	Last Name	Baskaran
Date Of Birth	19/02/1986	Gender	FEMALE
Mobile	7845388547	Email	sasirekha.baskaran@gmail.com
Occupation	Professional	Annual Income	: Rs 800,000
GST Type	-	GST ID Number	-
GSTIN Issuance Date	-	PAN Number	BPTPS2796L
Last 4 digit of Aadhaar Number	-	Do you have an eIA number?	: No
Please Enter your eIA Number	-	CKYC Number	-
Social Sector	No	Physically challenged	: No
Source of Income	: -	Residential Status	:
Policy Type	: INDIVIDUAL	Are you an ASHA worker	: No
Are you an MGNREGA worker	: No	CIBIL Score	-
NRI Discount Opted	: -		

Communication Address

Address Line 1	2/789/A25, Lakshmi Nagar,	Address Line 2	2nd Main Road, Devarkulam
Address Line 3	-	Area	LT00686002
City	Vendurayapuram	District	Virudhunagar
State	Tamil Nadu	Pincode	626124

Residence Address

Address Line 1	2/789/A25, Lakshmi Nagar,	Address Line 2	2nd Main Road, Devarkulam

Address Line 3	-	Area	LT00686002
City	Vendurayapuram	District	Virudhunagar
State	Tamil Nadu	Pincode	626124

Nominee Details 1

Nominee Name	Sucitra B	Nominee Relation	SISTER
Nominee Age	39	Nominee Claim %	100

Plan Details

Start Date	31/05/2026	End Date	30/05/2027
Policy Period	1 Year	Plan	-

Bank Details

Account Number	30040220902	Type of Account	Savings account
Bank Name	State Bank of India	Bank Branch	PONNAMARAVATHI
IFSC Code	SBIN0005132	Name as per Bank AC	Sasirekha B

Insured 1

Relationship with Proposer	MOTHER	Title	Mrs.
First Name	Jayalakshmi	Last Name	-
Date Of Birth	26/10/1962	Gender	FEMALE
Height	158.0 cm	Weight	50.0 kg
Occupation	Housewife	Marital Status	MARRIED
Sum Insured	: Rs 500,000	Plan	-

Super Star

Covers (Do you want to opt for)

1. Compassionate Visit	: No
2. Air ambulance	: No
3. Consumables cover	: Yes
4. High end Diagnostics	: No
5. Super Star Bonus (Guaranteed Bonus)	: No
6. E-International Second Opinion	: Yes
7. Annual Health Check-up	: Yes
8. Modern treatement	: No
9. Durable medical equipment	: No
10. Women Care	: No
11. PA Cover	: No

12. Maternity Benefit Opted	: No
13. Room Rent Modification	: No
14. Limitless Care	: No
15. Future Shield	: No
16. Quick Shield	: No
17. Reduction of Specific disease waiting period	: No
18. Hospital network discount	: No
19. Reduction of PED waiting period	: No
20. Hospital cash	: No
21. Voluntary Deductible	:No
22. Voluntary Co-pay	:No

Star Flexi

Covers (Do you want to opt for)

1. Limitless Loyalty Bonus	: No
2. Limitless Care	: No
3. Sum Insured Multiplier	: No
4. Premium Return	: No
5. Health Booster	: No
6. Global Cover	: No
7. Durable Medical Equipment Cover	: No
8. Nursing At Home	: No
9. Preventive Health Checkup	: No
10. Stay Fit	: No
11. Mamta (Women Wellness Care)	: No
12. Param Seva (Senior Citizen Wellness Care)	: No
13. E Connect	: No
14. Outpatient Treatment	: No
15. In-Clinic Consultation	: No
16. Consumables Cover	: No
17. Grace Period Cover	: No
18. Pre-Post Hospitalization Modification	: No
19. Room Rent Modification	: Yes
• Room Rent Modification Option	: Single Private AC Room
20. Value Network	: No
21. Voluntary Deductible	: No
22. Long Term Deductible	: No

23. Voluntary Copay	: No
24. Accompany Person Accommodation	: No
25. Personal Accident	: No

Health History

Pre Existing Diseases

Yes

Reflex Questions

1. BMI	: No
2. Hypertension	: No
3. Hyperlipidaemia	: No
4. Asthma	: No
5. Diabetes Mellites	: Yes
• Type of Diabetes	: Type -2 (Non Insulin Dependent)
• Duration of Diabetes	: Less than 10 years
• Diagnosis or treatment or hospitalization related to Retina, Heart, Brain or Neuro, Kidney related diagnosis. Complications related to Diabetes, Chronic non healing ulcers	: No
• HbA1C	: Less than 7%
• Was your age between 30 to 65 years when you were first diagnosed with Diabetes?	: No
6. Heart Disease	: No
7. Any Diseases	: No

Medical History

1. Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness/injury	: No
2. Does the person proposed for insurance have any complications during /following birth	: No
3. Has the person/s proposed for insurance:	
• Undergone any medical test?	: No
• Prescribed any medicines?	: No
• Been advised for any surgery/treatment?	: No
• Received/receiving any payment for any disability/injury/illness /diseases?	: No
4. Does the person proposed for insurance	
• Chew Tobacco?	: No
• Smoke?	: No
• Consume Alcohol?	: No
5. Is the person proposed for insurance positive for HIV	: No

Premium Details

Cover Description	Amount
Gross Premium	: Rs 27,418
Gross Premium	: Rs 27,418

Declaration

The primary duty of the proposer is to fill out the proposal form and also to make sure that the proposal contains all the details correctly. If you or any of the insured person(s) have suffered or are suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in a repudiation of the claim/cancellation of the policy.

I/we agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/ verify / modify / add my/our KYC documents from the CERSAI* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS / email on the above registered number/email address.

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/ which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share and or seek information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and /or claims settlement with any Governmental and/or Regulatory authority, Health care provider, which includes sharing of my medical data through ABHA.

6. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal and no third-party payments are allowed.

7. I hereby confirm that the features of the product have been understood by me.

8. I hereby authorize Star Health and Allied Insurance Company to contact me through any mode of communication for any and all service-related purposes (which shall include but is not limited to servicing of policy, claim settlement, renewal reminders, renewal updates etc). It will override my registry on the NCPR (National Customer Preference Register).

9. I would like to contribute in creating a healthier, greener and cleaner environment by receiving my Insurance Policy documents and service related communications only via electronic mode.

10. I/We acknowledge and agree to the Company’s tie-ups with various financial institutions, credit rating agencies and other entities including authorized government agencies for sharing/collecting/validating/KYC-CKYC documents and information for servicing of the policy or as required by law. I/We understand that contact details and other information, may be shared on a confidential basis with service providers/third party agencies for processing of the proposal or servicing of the policy, and as required by law.

11. In case of any concealment, mis declaration or non-disclosure of any facts, the policy issued based on this

proposal form will be treated void ab-initio. Additionally, Star Health shall not be liable for any claim under such policy. Star Health reserves the right to not renew the policy in case of established fraud or non-disclosure or misrepresentation by the Insured.

12. I/We declare and confirm that I/we have read and understood the Company's Privacy Policy published in their website and consent to it.

13. I/We acknowledge the Company's assurance to ensure courteous and professional conduct by the Company's staff and representatives in all their interactions with me, whether in person, through email, telephone or any other online or offline platforms. In response, I/We irrevocably agree to reciprocate this standard of professionalism and respect in all communications with the Company. Any unprofessional or inappropriate behaviour may result in strict action which may also include legal action under the Bharatiya Nyaya Sanhita, Act 2023, as amended from time to time.

14. I/We hereby give my consent and authorize the Company for deduction of amount towards premium payment from my/the given bank account.

Prohibition of Rebates

Section 41 of the Insurance Act 1938: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relation to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Authenticated through OTP at May 31 2026 02.01.00 PM