Star Health And Allied Insurance Company Limited

Date : 20-May-2026

IMPORTANT

To,

ANUJ PUROHIT,
4-3-65/2/A, RAGHUNATH BAGH ,
SULTAN BAZAR, VTC NAMPALLY
HYDERABAD
Hyderabad,Telangana-**500001**
Mobile : 8688260226

Dear Customer,

Re: Health Insurance Policy - 7117112502006891

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.

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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

Star Women Care Insurance Policy
Unique Identification No. SHAHLIP23132V022223
POLICY SCHEDULE

In Consideration of payment of Rs. 25,160/- towards renewal premium of policy number: 6967112501098581, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:7117112502006891

Customer Code	: PI0005566132	GSTIN	: 27AAJCS4517L1ZY
Customer Name	: ANUJ PUROHIT	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: 20026318686782		
Proposer Code	: PI0005566132	Issuing Office Code	: 151127
Proposer Name	: ANUJ PUROHIT	Issuing Office Name	: Branch Office - Nanded
Proposer Address	: 4-3-65/2/A, RAGHUNATH BAGH , SULTAN BAZAR, VTC NAMPALLY HYDERABAD Hyderabad Telangana 500001	Issuing Office Address	: Navkar, 1st floor East side , Mahavir Hospital premise VIP road Nanded Tehsil Maharashtra 431602
Phone No	: 8688260226	Phone No	: 02462-243401/04
E-mail Id	: anujpurohit1119@gmail.com	E-mail Id	: nanded.bo@starhealth.in
Proposer GSTIN	: NO	Place of Supply	: Telangana
Proposal Date	: 13-May-2024	Fulfiller Code	: SH11955
Date of Inception of first policy	: 13-May-2024		
Renewal Year	: Second Year	**Intermediary Code**	**: BA0000267039**
Collection No	: 151127/RV/2027/0308117201	**Name**	**: MS.VYAS PRITI NILESH**
Collection Date	: 18-May-2026	**Phone No**	**:9881964284/9881964284**
Premium	: Rs. 25,160/-	**E-mail Id**	**:nileshivyas1982@gmail.com**
IGST @ 0%	: Rs. 0/-		
Total Premium	: Rs. 25,160/-		
Stamp Duty	: Re. 1/-		

Total Premium In Words : Rupees Twenty Five thousand one hundred sixty only

Period of Insurance	**: From :** 18-May-2026 16:28 Hrs	**To :** Midnight of 17-May-2027	**Policy Term :**1 Year
Installment Facility Option: No	**Premium Payment Frequency :** Annual		**Installment Amount Rs. : 0/-**

Basic Floater Sum Insured : Rs. 20,00,000/-	**Policy Type :** FLOATER	**Scheme Description :** 2A+1C
Sum Insured In Words : Rupees Twenty lakhs only		
Bonus : Rs. 4,00,000/-	**Optional Cover Opted :** No	

Entered by : SH41615
Approved by : SH41615

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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

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

Attached to and forming part of Policy No: 7117112502006891

Details of Insured Persons:

Sl No	Name of the Insured	Gender	DOB	Age in Yrs	Relation with Proposer	ID Card No	Sum Insured for Optional Cover (if opted)	Date of Inception of cover for the first time
1	ANUJ PUROHIT	Male	29-Jun-1999	26	Self	PI0005566132	0	13-May-2024
Pre Existing Disease :	No PED Declared							
2	AISHWARYA PUROHIT	Female	20-Jan-2005	21	Spouse	ME0445414801	0	13-May-2024
Pre Existing Disease :	No PED Declared							
3	AARTIKA PUROHIT.	Female	22-Dec-2025	0	Daughter	ME0536296995	0	18-May-2026
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	AISHWARYA ANUJ PUROHIT	Spouse	21	100			

Sector Classification:

Urban		

''ORDER NO. LOA/ENF-2/CSD/44/2024 VALIDITY PERIOD DT. 29-APR-24 TO 31-DEC -2027 /571 GRN NO. MH017132436202324E DATE:12.3.24 CANARA BANK DEFACE NO. 0000591537202425 DATE 23-APR-24''

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).

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

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

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034.Phone:044-28288800
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Email:support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Nanded on 20th Day of May 2026.

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Approved by : SH41615

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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 : 7117112502006891

Type of Policy : Star Women Care Insurance - 2021

Issue Office : 151127-Branch Office - Nanded

Address : Navkar, 1st floor
East side , Mahavir Hospital premise
VIP road
Nanded Tehsil Maharashtra 431602

Tel / Fax : 02462-243401/04

Email : nanded.bo@starhealth.in

This is to certify that ANUJ PUROHIT has paid Rs 25,160/- (Total Premium : Indian Rupees Twenty Five thousand one hundred sixty only) towards Premium for Hospitalization Insurance vide Policy No: 7117112502006891 for the Period 18-May-2026 To 17-May-2027 issued on 18-May-2026.

Payment received by Electronic Fund Transfer vide Receipt No: 151127/RV/2027/0308117201/1
Receipt Date: 18-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 : 20-May-2026

Place : Branch Office - Nanded

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

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Star Health and Allied Insurance Company Limited
Customer Identity Card

Policy No : 7117112502006891

Name	DOB	Gender	Customer id
ANUJ PUROHIT	29-Jun-1999	Male	PI0005566132
AISHWARYA PUROHIT	20-Jan-2005	Female	ME0445414801
AARTIKA PUROHIT .	22-Dec-2025	Female	ME0536296995

Valid From : 18-May-2026 **Valid Till :** 17-May-2027

Office Code : 151127 **Agent/Broker/TE Code :** BA0000267039

TA/SSM/SM Code : SH11955

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

Entered by : SH41615
Approved by : SH41615

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Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649
Email:support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

Tax Invoice

Invoice No.	: 272605I038927448		**Customer ID**	: PI0005566132	
Invoice Date	: 18-May-2026		**Policy No.**	: 7117112502006891	
Recipient			**Supplier**		
GSTIN	:		**GSTIN**	: 27AAJCS4517L1ZY	
Name	: ANUJ PUROHIT		**Name**	: Star Health and Allied Insurance Co Ltd - Branch Office - Nanded	
Address	: 4-3-65/2/A, RAGHUNATH BAGH , SULTAN BAZAR, VTC NAMPALLY HYDERABAD		**Address**	: Navkar, 1st floor East side , Mahavir Hospital premise VIP road	
City	: Hyderabad	**Pin Code** : 500001	**City**	: Nanded Tehsil	**Pin Code** : 431602
State	: Telangana	**Client Category** : IND	**State**	: Maharashtra	**Place of supply** : Telangana

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	25,160.00	0	25,160.00	0	0	0	0	25,160.00

Total Invoice Value (in Figures) : Rs. 25,160/-

Total Invoice Value (in Words) : Rupees Twenty Five thousand one hundred sixty 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 : SH41615
Approved by : SH41615

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భారత ప్రభుత్వం
Government of India

ఆధార్

బాల ఆధార్

ఆర్తిక పురోహిత్
Aartika Purohit
పుట్టిన తేదీ/DOB: 22/12/2025
స్త్రీ/ FEMALE

ఈ ఆధార్ కు సంబంధించిన వివరాలు పరిమిత వినియోగం మాత్రమే కల్పించును

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆఫ్‌లైన్ ప్రామాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

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నా ఆధార్, నా గుర్తింపు

Aadhaar no. issued: 08/07/2026

■ Entities seeking Aadhaar are obligated to seek consent.

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

ఆధార్

Details as on: 08/07/2026

చిరునామా:
సంబంధీకులు: అనుజ్ పురోహిత్, 4-3-65/2/A, రఘునాథ్ బాగ్, సుల్తాన్ బజార్, నాంపల్లి, హైదరాబాద్ జి.పి, హైదరాబాద్, తెలంగాణ - 500001

Address:
C/O: Anuj Purohit, 4-3-65/2/A, RAGHUNATH BAGH, SULTAN BAZAR, Nampally, PO: Hyderabad G.p, DIST: Hyderabad, Telangana - 500001

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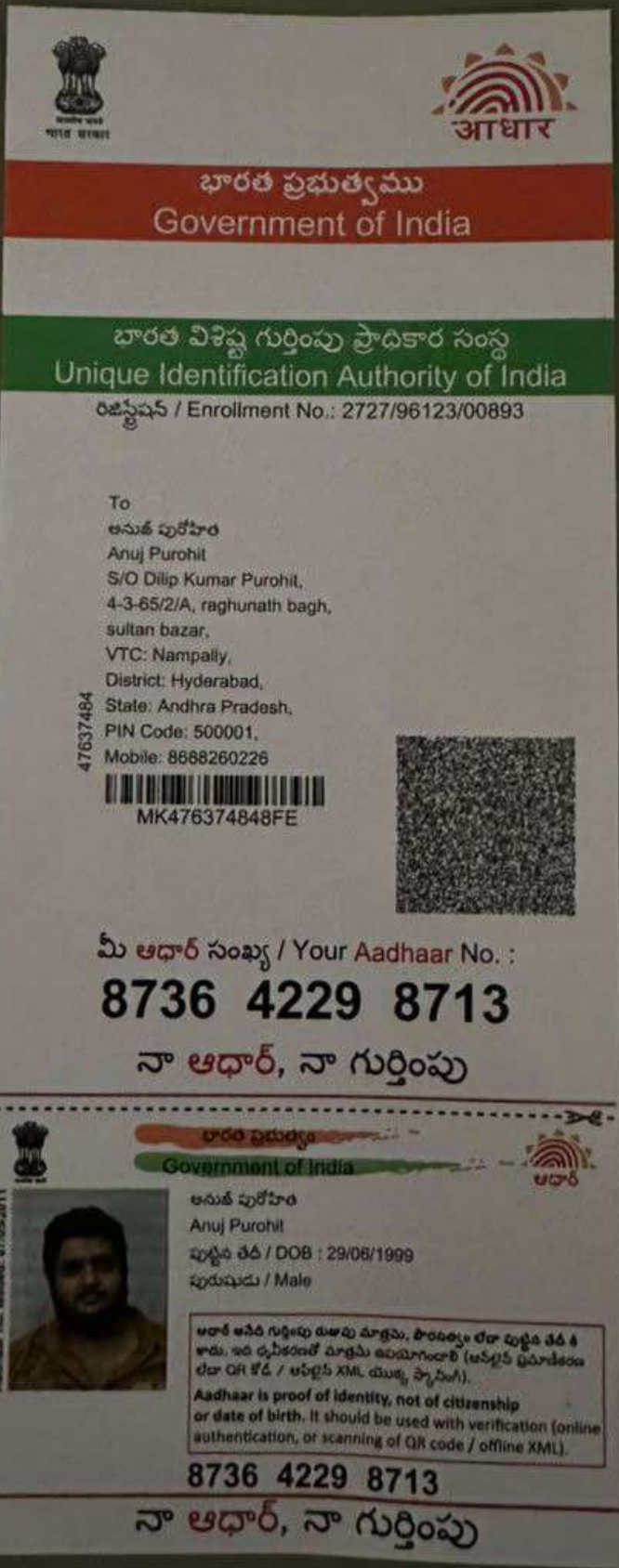
1947 | help@uidai.gov.in | www.uidai.gov.in



भारत सरकार

आधार

భారత ప్రభుత్వము
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్ / Enrollment No.: 2727/96123/00893

To
అనుజ్ పురోహిత
Anuj Purohit
S/O Dilip Kumar Purohit,
4-3-65/2/A, raghunath bagh,
sultan bazar,
VTC: Nampally,
District: Hyderabad,
State: Andhra Pradesh,
PIN Code: 500001,
Mobile: 8688260226

47637484

MK476374848FE

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

8736 4229 8713

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

ఆధార్

అనుజ్ పురోహిత
Anuj Purohit
పుట్టిన తేది / DOB : 29/06/1999
పురుషుడు / Male

ఆధార్ ఒకవిధ గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేది కి రుజువు. ఇది ధృవీకరణలో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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నా ఆధార్, నా గుర్తింపు

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EBJPP9684M

नाम / Name
ANUJ PUROHIT

पिता का नाम / Father's Name
DILIPKUMAR PUROHIT

जन्म की तारीख / Date of Birth
29/06/1999

हस्ताक्षर / Signature