

Date : 16-May-2025

IMPORTANT

To,
AKSHAY KUMAR AGARWAL,
H.NO:3-6-190/4 , FLAT NO:303 , ELLEN DELUX APTS , HIMAYATNAGAR
-
Hyderabad,Telangana-500029
Mobile : -/99XXXXXX78

Dear Customer,

Re: Health Insurance Policy - 3919112006040647

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

"Let Star Health help you to become healthier and happier. Star Wellness Benefits includes Mind Body healing and other Condition management programmes (Weight management, Diabetes etc....) Visit www.starhealth.in / customer portal login and start your journey with us to Better Health".

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.

Star Comprehensive Insurance Policy

Unique Identification No. SHAHLIP25037V082425

POLICY SCHEDULE

Policy No. : 3919112006040647	Previous Policy No : 11250905020905
Customer Code : CB0000060439	GSTIN : 36AAJCS4517L1ZZ
Customer Name : R A TRADING CO	SAC Code : 997133 / Accident and Health Insurance Services
Cust CKYC No : -	
Proposer Code : 11310598	Issuing Office Code : 131127
Proposer Name : AKSHAY KUMAR AGARWAL	Issuing Office Name : Branch Office - Himayat Nagar
Proposer Address : H.NO:3-6-190/4 , FLAT NO:303 , ELLEN DELUX APTS , HIMAYATNAGAR - - Hyderabad Telangana 500029	Issuing Office Address : D.NO: 3-6-140, 2ND FLOOR NETHAJI BHAVAN, ABOVE KOTAK MAHINDRA BANK & BESIDE LIC, OPP. BAJAJ ELECTRONICS HIMAYATHNAGAR MAIN ROAD, HYDERABAD, 500029 Himayat Nagar - Hyderabad Telangana 500029
Phone No : -/99XXXXXX78	Phone No : 040-42204151
E-mail Id : akXXXX0128@gmail.com	E-mail Id : himayatnagar@starhealth.in
Proposer GSTIN : NO	Place of Supply : Telangana
Proposal date : 03-May-2019	Fulfiller Code : SH14955
Date of Inception : 03-May-2019 of first policy	Intermediary Code : BA0000456583
Policy Category : Sixth Year	
Collection No : 131127/RV/2026/0218859491	
Collection Date : 06-May-2025	
Premium : Rs. 20,639/-	Name : MR.ABHISHEK KUMAR
CGST @ 9% : Rs. 1,858/-	
SGST @ 9% : Rs. 1,858/-	
Total Premium : Rs. 24,355/-	
Stamp Duty : Re. 1/-	Phone No : 9618015326/9618015326
Total Premium In Words : Rupees Twenty Four thousand three hundred fifty five only	
PERIOD OF INSURANCE : From : 07-May-2025 00:00Hrs To : Midnight Of 06-May-2026	
Installment Facility Option : No Premium Payment Frequency : Annual Installment Amount Rs. : 0/- (inclusive GST)	

Entered by : CUSTPORTAL
Approved by : BATCH

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 5

Attached to and forming part of Policy No: 3919112006040647

Scheme Description (Family Size) :	2A+1C	Basic Floater Sum Insured :	Rs. 10,00,000/-
Bonus :	Rs. 10,00,000/-		
Sum Insured Under Section 1 (Health) Rs. 10,00,000/-			
Capital Sum Insured Under Section 10 (For Accidental Death & Permanent Total Disablement) : Rs. 10,00,000/-			
For AKSHAY KUMAR AGARWAL	Only.		

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Buy Back PED Opted	Inception date
1	AKSHAY KUMAR AGARWAL	Male	28-Jan-1991	34	Self	11310598-1	No	03-May-2019
Pre Existing Disease : No PED Declared								
2	DEEPIKA AGARWAL	Female	07-Mar-1993	32	Spouse	11310598-2	No	03-May-2019
Pre Existing Disease : No PED Declared								
3	KRISHIV AGARWAL	Male	12-Jun-2021	3	Son	11310598-3	No	06-May-2022
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	DEEPIKA AGARWAL	Spouse	32	100			

Sector Classification:

Urban	Urban
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"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/5794/P/2024 DT:8/5/2024"

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

Entered by : CUSTPORTAL
Approved by : BATCH

For Star Health and Allied Insurance Company Ltd.

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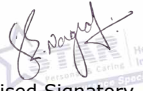
Page 3 of 5

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Himayat Nagar on 16th Day of May 2025.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Entered by : CUSTPORTAL
Approved by : BATCH

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Page 4 of 5

Tax Invoice

Invoice No.	: 3625051007461131	Customer ID	: CB0000060439
Invoice Date	: 06-May-2025	Policy No.	: 3919112006040647
Recipient		Supplier	
GSTIN	:	GSTIN	: 36AAJCS4517L1ZZ
Name	: R A TRADING CO	Name	: Star Health and Allied Insurance Co Ltd - Branch Office - Himayat Nagar
Address	: H.NO:3-6-190/4 , FLAT NO:303 , ELLEN DELUX APTS , HIMAYATNAGAR	Address	: D.NO: 3-6-140, 2ND FLOOR NETHAJI BHAVAN, ABOVE KOTAK MAHINDRA BANK & BESIDE LIC, OPP. BAJAJ ELECTRONICS HIMAYATHNAGAR MAIN ROAD, HYDERABAD, 500029
City	: Hyderabad	City	: Himayat Nagar - Hyderabad
State	: Telangana	State	: Telangana
Pin Code	: 500029	Pin Code	: 500029
Client Category	: CORP	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	20,639.00	0	20,639.00	0	1,858.00	1,858.00	0	24,355.00

Total Invoice Value (in Figures) : Rs. 24,355/-

Total Invoice Value (in Words) : Rupees Twenty Four thousand three hundred fifty five 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 : CUSTPORTAL
Approved by : BATCH

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of 5



భారత ప్రభుత్వం

Government of India



దీపికా అగర్వాల్

Deepika Agarwal

పుట్టిన తేదీ/DOB: 07/03/1993

స్త్రీ/FEMALE



2493 9197 0849

నా ఆధార్, నా గుర్తింపు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

Unique Identification Authority of India

Address:

W/O Akshay Kumar Agarwal, 3-6- W/O అక్షయ్ కుమార్ ఆగర్వాల్, 3-6-190/4,
190/4, Flat No 303, ఫ్లాట్ నో. 303, హిమాయత్నగర్, ఎల్లెన్ డెలక్స్
Himayathnagar, Ellen Delux అప్ట్స్, హిమాయత్ నగర్, హైదరాబాద్,
Apts, Himayathnagar, తెలంగాణ - 500029
Hyderabad,
Telangana - 500029

విరువామా:

W/O అక్షయ్ కుమార్ ఆగర్వాల్, 3-6-190/4,
ఫ్లాట్ నో. 303, హిమాయత్నగర్, ఎల్లెన్ డెలక్స్
అప్ట్స్, హిమాయత్ నగర్, హైదరాబాద్,
తెలంగాణ - 500029

2493 9197 0849



help@uidai.gov.in

www

www.uidai.gov.in

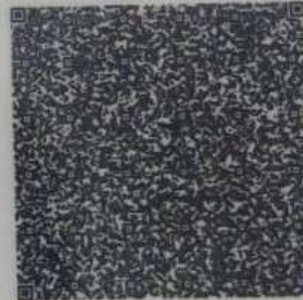


భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00385/41366

To
అక్షయ్ కుమార్ అగర్వాల్
Akshay Kumar Agarwal
C/O: Naveen Kumar Agarwal,
3-6-190/4 , Flat No 303,
Ellen Deluxe Apts,
Himayath Nagar,
VTC: Himayathnagar,
PO: Himayathnagar,
Sub District: Himayathnagar,
District: Hyderabad,
State: Telangana,
PIN Code: 500029,
Mobile: 9996127878



Signature valid

Digitally signed by Unique
Identification Authority of India
on
Date: 2024.03.11 20:51:30
GMT+05:30

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2176 3030 7326

VID : 9169 9252 5017 5766

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Aadhaar No. Issued: 03/11/2011



అక్షయ్ కుమార్ అగర్వాల్
Akshay Kumar Agarwal
పుట్టిన తేదీ/DOB: 28/01/1991
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరవిత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ 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).

2176 3030 7326

నా ఆధార్, నా గుర్తింపు

आयकर विभाग

INCOME TAX DEPARTMENT

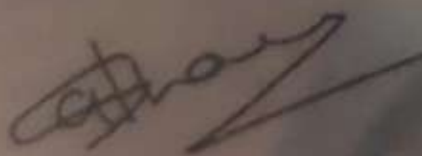
AKSHAY KUMAR AGARWAL

NAVEEN KUMAR AGARWAL

28/01/1991

Permanent Account Number

AQZPA2559H



Signature



भारत सरकार

GOVT. OF INDIA



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