Star Health And Allied Insurance Company Limited

Date : 12-May-2026

To,

IMPORTANT

ALI BIN ABUBAKER BIN MAHFODZ ,
H.No.11-18-30/A/3,Muntaz Bagh,opp Pheeli Dargah Barkas, Hyderabad
-
-
Shaikpet,Telangana-**500005**
Mobile : 94XXXXXX31

Dear Customer,

Re: Health Insurance Policy - 8554112007006127

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.

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Star Health And Allied Insurance Company Limited

Family Health Optima Insurance Plan
Unique Identification No. SHAHLIP26046V092526
POLICY SCHEDULE

Policy No.	:	**8554112007006127**	**Previous Policy No**	:	**9672112006000345**
Customer Code	:	11367031	GSTIN	:	36AAJCS4517L1ZZ
Customer Name	:	ALI BIN ABUBAKER BIN MAHFODZ	SAC Code	:	997133 / Accident and Health Insurance Services
Cust CKYC No	:	-			
Proposer Code	:	11367031	Issuing Office Code	:	131116
Proposer Name	:	ALI BIN ABUBAKER BIN MAHFODZ	Issuing Office Name	:	Branch Office - Taranaka
Proposer Address	:	H.No.11-18-30/A/3,Muntaz Bagh,opp Pheeli Dargah Barkas, Hyderabad - - Shaikpet Telangana 500005	Issuing Office Address	:	409,410,411, 4th floor 12-13-97, Mudra Tara tycoon Taranaka,Secunderabad 500017 Secunderabad Telangana 500017
Phone No	:	94XXXXXX31	Phone No	:	040-40181125
E-mail Id	:	alX.XXXXXXX631@gmail.com	E-mail Id	:	taranaka@starhealth.in
Proposer GSTIN	:	NO	Place of Supply	:	Telangana
Proposal date	:	13-May-2019	Fulfiller Code	:	SH19697
Date of Inception of first policy	:	13-May-2019			
Policy Category	:	Seventh Year	**Intermediary Code**	:	**BA0000136044**
Collection No	:	131116/RV/2027/0306961529	**Name**	:	**MALLAPURAM RAJASHEKAR**
Collection Date	:	12-May-2026			
Base Product Premium (including favourable claim experience discount, if any)	:	Rs. 42,417/-			
EMI Loading	:	Rs. 1273/-			
CGST @ 0%	:	Rs. 0/-	**Phone No**	:	**9849064645**
SGST @ 0%	:	Rs. 0/-	**E-mail Id**	:	**mrajashekhar@gmail.com**
Total Premium	:	Rs. 43,690/-			
Stamp Duty	:	Re. 1/-			

Total Premium In Words : Rupees Forty Three thousand six hundred ninety only

PERIOD OF INSURANCE : From : 13-May-2026 00:00Hrs **To :** Midnight Of 12-May-2027 **Policy Term :** 1 Year

Installment Facility Option: Yes Premium Payment Frequency : Quarterly Installment Amount Rs. : 10,921/-

Zone : ZONE C

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 8554112007006127

Scheme Description (Family Size) : 2A+3C	**Basic Floater Sum Insured :** Rs. 5,00,000/-
Bonus : Rs. 1,50,000/- **Limit of Coverage :** Rs. 6,50,000/-	**Recharge Benefit :** Rs. 1,50,000/-
Optional Cover	
Voluntary Co-Payment Opted: No	**Voluntary Co-Payment %:** 0

Details of Insured Persons : **No. of Persons Insured : 5**

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Mandatory Co-Payment %	Inception date
1	ALI BIN ABUBAKER BIN MAHFOOZ	Male	20-May-1970	55	Self	11367031-1	NA	13-May-2019
Pre Existing Disease : No PED Declared								
2	FATIMA BASRAVI	Female	14-Nov-1992	33	Spouse	11367031-2	NA	13-May-2019
Pre Existing Disease : No PED Declared								
3	AMINA BINTA ALI BIN MAHFOOZ	Female	09-Jan-2010	16	Daughter	11367031-3	NA	13-May-2019
Pre Existing Disease : No PED Declared								
4	HAIFA BIN MAHFOOZ	Female	05-Sep-2011	14	Daughter	11367031-4	NA	13-May-2019
Pre Existing Disease : No PED Declared								
5	ABUBAKER BIN ALI BIN MAHFOOZ	Male	27-Apr-2016	10	Son	11367031-5	NA	13-May-2019
Pre Existing Disease : No PED Declared								

Installment Premium Table

S.No.	Installment Due Dt.	Premium Amount (Rs)	GST Amount (Rs)	Total Installment Premium Amount (Rs)
1	13-May-2026	10,921	0	10,921
2	13-Aug-2026	10,923	0	10,923
3	13-Nov-2026	10,923	0	10,923
4	13-Feb-2027	10,923	0	10,923

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Registered Office : No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800 Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

The following Conditions shall apply.

i. For Quarterly and Half yearly installment option: Grace Period of 30 days would be given to pay the installment premium due for the policy. ii. The Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the event of payment of premium within the stipulated Grace Period. iii. No interest will be charged If the installment premium is not paid on due date.	iv. In case of installment premium due not received within the grace period, the policy will get cancelled. v. In the event of a claim, all subsequent premium installments shall immediately become due and payable. vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy. vii. For premium paid in installments during the policy period, coverage is available during the grace period also.

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	FATHIMA BASRAVI	Spouse	32	100			

Sector Classification:

Urban		

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 Email: support@starhealth.in

CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE PROCS NO: GSO5/10589/P/2026 DT:02.01.2026

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Taranaka on 12th Day of May 2026.

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Star Health And Allied Insurance Company Limited

Hospitalisation Benefit Policy

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

Policy No : 8554112007006127

Type of Policy : Family Health Optima Insurance - 2026

Issue Office : 131116-Branch Office - Taranaka

Address : 409,410,411, 4th floor
12-13-97, Mudra Tara tycoon
Taranaka,Secunderabad 500017
Secunderabad Telangana 500017

Tel / Fax : 040-40181125

Email : taranaka@starhealth.in

This is to certify that ALI BIN ABUBAKER BIN MAHFODZ has paid Rs 10,923/- (Total Premium : Indian Rupees Ten thousand nine hundred twenty three only) towards Premium for Hospitalization Insurance vide Policy No: 8554112007006127 for the Period 13-May-2026 To 12-May-2027 issued on 12-May-2026.

Payment received by Payment Gateway vide Receipt No: 131116/RV/2027/0306961529/1 Receipt Date: 12-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 : 12-May-2026

Place : Branch Office - Taranaka

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

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Star Health and Allied Insurance Company Limited

Customer Identity Card

Policy No : 8554112007006127

Name	DOB	Gender	Customer id
ALI BIN ABUBAKER BIN MAHFOOZ	20-May-1970	Male	11367031-1
FATIMA BASRAVI	14-Nov-1992	Female	11367031-2
AMINA BINTA ALI BIN MAHFOOZ	09-Jan-2010	Female	11367031-3
HAIFA BIN MAHFOOZ	05-Sep-2011	Female	11367031-4
ABUBAKER BIN ALI BIN MAHFOOZ	27-Apr-2016	Male	11367031-5

Valid From : 13-May-2026

Valid Till : 12-May-2027

Office Code : 131116

Agent/Broker/TE Code : BA0000136044

TA/SSM/SM Code : SH19697

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 : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Star Health And Allied Insurance Company Limited

Tax Invoice

Invoice No.	: 362605I014265943		**Customer ID**	: 11367031	
Invoice Date	: 12-May-2026		**Policy No.**	: 8554112007006127	
Recipient			**Supplier**		
GSTIN	:		**GSTIN**	: 36AAJCS4517L1ZZ	
Name	: ALI BIN ABUBAKER BIN MAHFODZ		**Name**	: Star Health and Allied Insurance Co Ltd - Branch Office - Taranaka	
Address	: H.No.11-18-30/A/3,Muntaz Bagh,opp Pheeli Dargah Barkas, Hyderabad - -		**Address**	: 409,410,411, 4th floor 12-13-97, Mudra Tara tycoon Taranaka,Secunderabad 500017	
City	: Shaikpet	**Pin Code** : 500005	**City**	: Secunderabad	**Pin Code** : 500017
State	: Telangana	**Client Category** : IND	**State**	: Telangana	**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	43,690.00	0	43,690.00	0	0	0	0	43,690.00

Total Invoice Value (in Figures) : Rs. 43,690/-

Total Invoice Value (in Words) : Rupees Forty Three thousand six hundred ninety 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 : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Family Health Optima Insurance Plan UIN :SHAHLIP26046V092526

Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00144/92236

To
అమిన బింత అలి బిన్ మహ్ఫూజ్
Amina Binta Ali Bin Mahfooz
C/O Ali Bin Abubaker Bin Mahfooz,
18-11-30/A/3,
Mumtaz Bagh,
Peeli Dargha,
Jamal Banda,
VTC: Bandlaguda,
PO: Keshogiri,
Sub District: Bandlaguda,
District: Hyderabad,
State: Telangana,
PIN Code: 500005
Mobile: 9700534786

Signature valid

Digitally signed by [illegible] Unique Identification Authority of India
DS
Date: 2026/[illegible]/09 19:47:35 IST

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4623 9770 1787

VID : 9124 0889 0045 5373

నా ఆధార్ నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

ఆధార్

Aadhaar no. issued: 03/06/2012

అమిన బింత అలి బిన్ మహ్ఫూజ్
Amina Binta Ali Bin Mahfooz
పుట్టిన తేదీ/DOB: 09/01/2010
స్త్రీ/ FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణలో 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).

4623 9770 1787

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం

Government of India

ఆధార్

Aadhaar no. is sued: 04/06/2012

అలీ బిన్ అబూబకర్ బిన్ మహ్ఫూజ్

Ali Bin Abubaker Bin Mahfooz

పుట్టిన తేదీ/DOB: 20/05/1970

పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమె, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో 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).

9812 2182 1442

నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

Unique Identification Authority of India

చిరునామా:
సంబంధీకులు: లేట్ అబూబకర్ బిన్ సలాం బిన్ మహ్ఫూజ్,
18-11-30/ఏ/3, ముంతజ్ బాగ్ పీలిదర్వ, జమాల్ బండ,
బండ్లగూడ, కేశగిరి, హైదరాబాద్,
తెలంగాణ - 500005

Details as on: 29/03/2024

Address:
C/O: Late Abubaker Bin Salam Bin Mahfooz,
18-11-30/A/3, Mumtaz Bagh, Peeli Dargha,
Jamal Banda, Bandlaguda, PO: Keshogiri,
DIST: Hyderabad,
Telangana - 500005

9812 2182 1442

VID : 9130 4271 2607 4703

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

आयकर विभाग
INCOME TAX DEPARTMENT

सत्यमेव जयते

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BWGPA6963D

नाम / Name
ALI BIN ABUBAKER BIN MAHFOOZ

पिता का नाम / Father's Name
ABUBAKER BIN SALAM BIN MAHFOOZ

जन्म की तारीख /
Date of Birth
20/05/1970

17012026

PAN Application Digitally Signed, Card Not Valid unless Physically Signed