Star Health And Allied Insurance Company Limited

Date : 17-Aug-2026

IMPORTANT

To,

CHANDRA BHUSHAN PRASAD,
Chandra Bhushan Prasad
Road No-02,Kailash Nagar, Bhupatipur,
Patna
Patna,Bihar-**800020**
Mobile : 7004277535

Dear Customer,

Re: Health Insurance Policy - 7714112700011678

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).

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

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 Health Assure Insurance Policy
Unique Identification No. SHAHLIP26048V032526
POLICY SCHEDULE

Policy No.	:	**7714112700011678**	**Previous Policy No**	:	
Customer Code	:	PI0013810566	GSTIN	:	10AAJCS4517L1ZD
Customer Name	:	CHANDRA BHUSHAN PRASAD	SAC Code	:	997133 / Accident and Health Insurance Services
Cust CKYC No	:	-			
Proposer Code	:	PI0013810566	Issuing Office Code	:	231213
Proposer Name	:	CHANDRA BHUSHAN PRASAD	Issuing Office Name	:	Branch Office - Patna II
Proposer Address	:	Chandra Bhushan Prasad Road No-02,Kailash Nagar, Bhupatipur, Patna Patna Bihar 800020	Issuing Office Address	:	302, 3rd Floor, I. G. Complex, West Boring Canal Road, In front of Medicana, Patna City Bihar 800013
Phone No	:	7004277535	Phone No	:	08298932222
E-mail Id	:	ashutosh52110@gmail.com	E-mail Id	:	patna.bo2@starhealth.in
Proposer GSTIN	:	NO	Place of Supply	:	Bihar
Proposal Date	:	17-Aug-2026	Fulfiller Code	:	SH48882
Date of Inception of first policy	:	17-Aug-2026			
Policy Category	:	New	**Intermediary Code**	:	**BA0000905897**
Collection No	:	231213/RV/2027/0326727041	**Name**	:	**DHANESH KUMAR**
Collection Date	:	17-Aug-2026			
Premium	:	Rs. 35,081/-			
CGST @ 0%	:	Rs. 0/-	**Phone No**	:	**7011303402/7011303402**
SGST @ 0%	:	Rs. 0/-	**E-mail Id**	:	**Dhanesh534@gmail.com**
Total Premium	:	Rs. 35,081/-			
Stamp Duty	:	Re. 1/-			

Total Premium In Words : Rupees Thirty Five thousand eighty one only

Period of Insurance	**: From :** 17-Aug-2026 12:32 Hrs	**To :** Midnight of 16-Aug-2027	**Policy Term :** 1 Year

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

Policy Type : FLOATER	**Scheme Description :** 2A
Basic Floater Sum Insured : Rs. 20,00,000/-	**Bonus :** Rs. 0/-
Sum Insured In Words : Rupees Twenty lakhs only	Zone :ZONE D
Optional Cover (Deductible) : No	**Deductible :** Rs. 0/-

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

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

Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 7714112700011678

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	CHANDRA BHUSHAN PRASAD	Male	05-Sep-1971	54	Self	PI0013810566	17-Aug-2026
Pre Existing Disease :	No PED Declared						
2	ANITA DEVI	Female	04-Mar-1983	43	Spouse	ME0549828219	17-Aug-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	ANITA DEVI	Spouse	43	100			

Sector Classification:

Urban		

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Patna II on 17th Day of August 2026.

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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 : 7714112700011678 **Type of Policy :** Assure Insurance-2026

Issue Office : 231213-Branch Office - Patna II

Address : 302, 3rd Floor, I. G. Complex,
West Boring Canal Road,
In front of Medicana,
Patna City Bihar 800013

Tel / Fax : 08298932222

Email : patna.bo2@starhealth.in

This is to certify that CHANDRA BHUSHAN PRASAD has paid Rs 35,081/- (Total Premium : Indian Rupees Thirty Five thousand eighty one only) towards Premium for Hospitalization Insurance vide Policy No: 7714112700011678 for the Period 17-Aug-2026 To 16-Aug-2027 issued on 17-Aug-2026.

Payment received by Payment Gateway vide Receipt No: 231213/RV/2027/0326727041/1 Receipt Date: 17-Aug-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 : 17-Aug-2026

Place : Branch Office - Patna II

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

Star Health and Allied Insurance Company Limited

Customer Identity Card

Policy No : 7714112700011678

Name	DOB	Gender	Customer id
CHANDRA BHUSHAN PRASAD	05-Sep-1971	Male	PI0013810566
ANITA DEVI	04-Mar-1983	Female	ME0549828219

Valid From : 17-Aug-2026

Valid Till : 16-Aug-2027

Office Code : 231213

Agent/Broker/TE Code : BA0000905897

TA/SSM/SM Code : SH48882

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

Tax Invoice

Invoice No.	: 102608I001182201		**Customer ID**	: PI0013810566	
Invoice Date	: 17-Aug-2026		**Policy No.**	: 7714112700011678	
Recipient			**Supplier**		
GSTIN	:		**GSTIN**	: 10AAJCS4517L1ZD	
Name	: CHANDRA BHUSHAN PRASAD		**Name**	: Star Health and Allied Insurance Co Ltd - Branch Office - Patna II	
Address	: Chandra Bhushan Prasad Road No-02,Kailash Nagar, Bhupatipur, Patna		**Address**	: 302, 3rd Floor, I. G. Complex, West Boring Canal Road, In front of Medicana,	
City	: Patna	**Pin Code** : 800020	**City**	: Patna City	**Pin Code** : 800013
State	: Bihar	**Client Category** : IND	**State**	: Bihar	**Place of supply** : Bihar

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	35,081.00	0	35,081.00	0	0	0	0	35,081.00

Total Invoice Value (in Figures) : Rs. 35,081/-

Total Invoice Value (in Words) : Rupees Thirty Five thousand eighty one 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	Star Health Assure Insurance Policy
Product UIN No.	SHAHLIP26048V032526

Summary of Important Benefits

S.No	Particulars of Coverage / Benefits		Benefit Limits (in Rs.)										Refer to Policy clause No.
	Sum Insured (in Rs.)		5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000	
1	Room Category *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.		Up to 1% of Sum Insured per day		Any room (Except suite or above category)				Any room				B. 1 (i)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual										B. 1 (ii)
3	Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs		Actual										B. 1 (iii)
4	Day Care Treatment		All Day Care Procedures are Covered										B. 2
5	AYUSH Treatment		Payable up to the Sum Insured										B. 3
6	Coverage for Modern Treatment		Payable up to the Sum Insured										B. 4
7	Pre-Hospitalization Expenses		Up to 60 days prior to the date of hospitalization										B. 5
8	Post-Hospitalization Expenses		Up to 180 days from the date of discharge from the hospital										B. 6
9	Road Ambulance		Actual										B. 7
10	Air Ambulance		Expenses incurred towards the cost of Air Ambulance service up to 10% of Sum Insured per Policy Year										B. 8
11	Organ Donor Expenses		Payable up to the Sum Insured										B. 9
12	Home Care Treatment		Payable up to 10% of the Sum Insured subject to maximum of Rs.5 lakhs in a Policy Year										B. 10
13	Domiciliary Hospitalization		Coverage for medical treatment (Including AYUSH) for a period exceeding three days										B. 11
14	Cumulative Bonus		The Insured Person will be eligible for Cumulative Bonus calculated at 25% of Sum Insured for each claim free year and maximum up to 100% of the Sum Insured										B. 12
15	Automatic Restoration of Sum Insured		The policy provides automatic restoration of Sum Insured for unlimited number of times and maximum up to 100% each time										B. 13
16	Treatment for Chronic Severe Refractory Asthma		Payable up to 10% of Sum Insured not exceeding Rs.5 lakhs per Policy Period										B. 14
17	Delivery Expenses		Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up to 10% of the Sum Insured is payable										B. 15
18	In Utero Fetal Surgery/Intervention		Expenses incurred for list of In Utero Fetal Surgeries and Procedures after the waiting period of 24 months from the date of inception of this policy										B. 16
19	Assisted Reproduction Treatment- Limit of Liability in a Policy Year (Rs.)		1,00,000	1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 17
20	Hospitalization expenses for treatment of New Born Baby- Limit Per Policy Period (Rs.)		2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	4,00,000	4,00,000	4,00,000	4,00,000	B. 18
21	Shared accommodation		Rs.1,000/- per day will be payable for each continuous and completed period of 24 hours of stay in shared accommodation										B. 19
22	Preventive Health Check-up	Individual SI	1,500	1,500	2,000	4,000	5,000	5,000	5,000	8,000	8,000	8,000	B. 20
		Floater SI	2,500	2,500	5,000	8,000	10,000	10,000	10,000	15,000	15,000	15,000	
23	E-Domestic Second Medical Opinion		Available from a Doctor in the Company's network of Medical Practitioners										B. 21
24	Unlimited Tele-Consultation		Available unlimited times in a Policy Year										B. 22

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25	AI driven Face Scan	Available up to 2 times per month per Insured Person in a Policy Year on Star Health mobile app	B. 23
26	Compassionate Travel	Expenses by air incurred up to Rs.10,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located	B. 24
27	Repatriation of Mortal Remain	Payable up to Rs.15,000/- in a Policy Year towards the cost of repatriation of mortal remains of the Insured Person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy	B. 25
28	Rehabilitation and Pain Management	Up to the sub-limit (or) maximum up to 20% of the Sum Insured whichever is less, per Policy Year	B. 26
29	Coverage for Non-medical Items (Consumables)	Actual	B. 27
30	Treatment in Valuable service providers network	1% of Sum Insured subject to a maximum of Rs.5,000/- per Policy Period is payable as lump sum	B. 28
31	Co-payment	10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above	B. 29
32	Star Wellness Program	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.	B. 30
33	Optional Cover to choose deductible	See nested table below	B. 31

Sum Insured	Aggregate Deductible Option	Discount offered
Up to Rs. 20 lakhs	Rs. 50,000/-	45%
	Rs. 1,00,000/-	55%
Above Rs. 20 lakhs	Rs. 50,000/-	35%
	Rs. 1,00,000/-	50%

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

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