Star Health And Allied Insurance Company Limited

Date : 22-Jul-2026

IMPORTANT

To,

NITISH KUMAR,
ISLAMPUR
NALANDA
NALANDA
Islampur Tehsil - Nalanda,Bihar-**801303**
Mobile : 8802043915

Dear Customer,

Re: Health Insurance Policy - 9046112601000529

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.

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.	:	**9046112601000529**	**Previous Policy No**	:	**8628112600029901**
Customer Code	:	PI0009502470	GSTIN	:	10AAJCS4517L1ZD
Customer Name	:	NITISH KUMAR	SAC Code	:	997133 / Accident and Health Insurance Services
Cust CKYC No	:	50018198985113			
Proposer Code	:	PI0009502470	Issuing Office Code	:	231213
Proposer Name	:	NITISH KUMAR	Issuing Office Name	:	Branch Office - Patna II
Proposer Address	:	ISLAMPUR NALANDA NALANDA Islampur Tehsil - Nalanda Bihar 801303	Issuing Office Address	:	302, 3rd Floor, I. G. Complex, West Boring Canal Road, In front of Medicana, Patna City Bihar 800013
Phone No	:	8802043915	Phone No	:	08298932222
E-mail Id	:	krnikhil2403@gmail.com	E-mail Id	:	patna.bo2@starhealth.in
Proposer GSTIN	:	NO	Place of Supply	:	Bihar
Proposal Date	:	25-Jul-2025	Fulfiller Code	:	SH48882
Date of Inception of first policy	:	25-Jul-2025			
Policy Category	:	First Year	**Intermediary Code**	:	**BA0000905897**
Collection No	:	231213/RV/2027/0321672557	**Name**	:	**DHANESH KUMAR**
Collection Date	:	22-Jul-2026			
Premium	:	Rs. 14,078/-			
CGST @ 0%	:	Rs. 0/-	**Phone No**	:	**7011303402/7011303402**
SGST @ 0%	:	Rs. 0/-	**E-mail Id**	:	**Dhanesh534@gmail.com**
Total Premium	:	Rs. 14,078/-			
Stamp Duty	:	Re. 1/-			

Total Premium In Words : Rupees Fourteen thousand seventy eight only

Period of Insurance	**: From :** 25-Jul-2026 00:00 Hrs	**To :** Midnight of 24-Jul-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. 10,00,000/-	**Bonus :** Rs. 2,50,000/-
Sum Insured In Words : Rupees Ten lakhs only	Zone :ZONE D
Optional Cover (Deductible) : Yes	**Deductible :** Rs. 50,000/-

Entered by : CUSTPORTAL
Approved by : SH84474

This is an electronically generated document(Policy Schedule).

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

Attached to and forming part of Policy No: 9046112601000529

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	NITISH KUMAR	Male	08-Jun-1974	52	Self	PI0009502470	25-Jul-2025
Pre Existing Disease :	No PED Declared						
2	BABY KUMARI	Female	31-Dec-1975	50	Spouse	ME0482187318	25-Jul-2025
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	NIKHIL KUMAR	Son	28	100			

Sector Classification:

Urban		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 22nd Day of July 2026.

Entered by : CUSTPORTAL
Approved by : SH84474

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

Authorised Signatory

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

Hospitalisation Benefit Policy

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

Policy No : 9046112601000529 **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 NITISH KUMAR has paid Rs 14,078/- (Total Premium : Indian Rupees Fourteen thousand seventy eight only) towards Premium for Hospitalization Insurance vide Policy No: 9046112601000529 for the Period 25-Jul-2026 To 24-Jul-2027 issued on 22-Jul-2026.

Payment received by Payment Gateway vide Receipt No: 231213/RV/2027/0321672557/1 Receipt Date: 22-Jul-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 : 22-Jul-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

Entered by : CUSTPORTAL
Approved by : SH84474

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

Authorised Signatory

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 and Allied Insurance Company Limited
Customer Identity Card

Policy No : 9046112601000529

Name	DOB	Gender	Customer id
NITISH KUMAR	08-Jun-1974	Male	PI0009502470
BABY KUMARI	31-Dec-1975	Female	ME0482187318

Valid From : 25-Jul-2026

Valid Till : 24-Jul-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

Entered by : CUSTPORTAL
Approved by : SH84474

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

Authorised Signatory

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

Tax Invoice

Invoice No.	: 102607I001156990		**Customer ID**	: PI0009502470	
Invoice Date	: 22-Jul-2026		**Policy No.**	: 9046112601000529	
Recipient			**Supplier**		
GSTIN	:		**GSTIN**	: 10AAJCS4517L1ZD	
Name	: NITISH KUMAR		**Name**	: Star Health and Allied Insurance Co Ltd - Branch Office - Patna II	
Address	: ISLAMPUR NALANDA NALANDA		**Address**	: 302, 3rd Floor, I. G. Complex, West Boring Canal Road, In front of Medicana,	
City	: Islampur Tehsil - Nalanda	**Pin Code** : 801303	**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	14,078.00	0	14,078.00	0	0	0	0	14,078.00

Total Invoice Value (in Figures) : Rs. 14,078/-

Total Invoice Value (in Words) : Rupees Fourteen thousand seventy eight 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 : SH84474

This is an electronically generated document(Policy Schedule).

For Star Health and Allied Insurance Company Ltd.

Star Health Assure Insurance Policy UIN :SHAHLIP26048V032526

Authorised Signatory

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