



Star Health And Allied Insurance Company Limited

Date : 16-Apr-2026

IMPORTANT

To,
VENKATRAMANA NAGULAPALLY ,
H.NO-1-9-537, ADIKMET, FLY OVER DOWN,
ADIKMET, HYDERABAD

Hyderabad,Telangana-**500044**
Mobile : 99XXXXXX74

Dear Customer,

Re: Health Insurance Policy - 4362112502047695

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.

Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V02223 POLICY SCHEDULE

In Consideration of payment of Rs. 32,917/- towards renewal premium of policy number: 2898112501011716, the policy stands renewed for a further period of 1 Year as per the details given below

Renewal Endorsement No:4362112502047695		
Customer Code : PI0005453278	GSTIN : 36AAJCS4517L1ZZ	
Customer Name : VENKATRAMANA NAGULAPALLY	SAC Code : 997133 / Accident and Health Insurance Services	
Cust CKYC No : -		
Proposer Code : PI0005453278	Issuing Office Code : 131127	
Proposer Name : VENKATRAMANA NAGULAPALLY	Issuing Office Name : Branch Office - Himayat Nagar	
Proposer Address : H.NO-1-9-537, ADIKMET, FLY OVER DOWN, ADIKMET, HYDERABAD Hyderabad Telangana 500044	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 : 99XXXXXX74	Phone No : 040-42204151	
E-mail Id : buXXXXXXX1@gmail.com	E-mail Id : himayatnagar@starhealth.in	
Proposer GSTIN : NO	Place of Supply : Telangana	
Proposal date : 18-Apr-2024	Fulfiller Code : SH14955	
Date of Inception : 18-Apr-2024 of first policy		
Renewal Year : Second Year	Intermediary Code : BA0000639765	
Collection No : 131127/RV/2027/0302170380	Name : RAJ RANI AGARWAL	
Collection Date : 16-Apr-2026	Phone No : 9246173903/9246173903	
Premium : Rs. 30,847/-	E-mail Id : raj.agar32@gmail.com	
Optional Cover Loading : Rs. 2,070/-		
Optional Cover Discount : Rs. 0/-		
CGST @ 0% : Rs. 0/-		
SGST @ 0% : Rs. 0/-		
Total Premium : Rs. 32,917/-		
Stamp Duty : Re. 1/-		
Total Premium In Words : Rupees Thirty Two thousand nine hundred seventeen only		
Period of Insurance : From : 18-Apr-2026 00:00 Hrs To : Midnight of 17-Apr-2027	Policy Term : 1 Year	
Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-		

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

Authorised Signatory

Page 2 of 7

Attached to and forming part of Policy No: 4362112502047695

Policy Type : FLOATER	Scheme Description : 2A+2C
Basic Floater Sum Insured : Rs. 15,00,000/-	Bonus : Rs. 5,00,000/-
Sum Insured In Words : Rupees Fifteen lakhs only	
Optional Cover (Deductible) : No	Deductible : Rs. 0/-

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	VENKATRAMANA NAGULAPALLY	Male	22-Aug-1986	39	Self	PI0005453278	18-Apr-2024
Pre Existing Disease : No PED Declared							
2	NIKHILA DAMANAPETA	Female	10-Oct-1991	34	Spouse	ME0443438783	18-Apr-2024
Pre Existing Disease : No PED Declared							
3	MANASVINI NAGULAPALLY	Female	21-Aug-2016	9	Daughter	ME0443438784	18-Apr-2024
Pre Existing Disease : No PED Declared							
4	NAGULAPALLY SKANDA VEDHYASRI	Female	11-Aug-2024	1	Daughter	ME0467470232	18-Apr-2025
Pre Existing Disease : No PED Declared							

Opted Covers: Star Flexi – UIN : SHAHLIA26040V012526

Name of the additional cover(s) - Status

1	Health Booster	Covered
2	In clinic consultation	No. of Consultations 4
3	Econnect	Covered

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	Mrs.DAMANAPET A NIKHILA	Spouse	33	100			

Sector Classification:

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

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For Star Health and Allied Insurance Company Ltd.

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Page 3 of 7



Star Health And Allied Insurance Company Limited

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

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 April 2026.

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Page 4 of 7

Hospitalisation Benefit Policy

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

Policy No : 4362112502047695

Type of Policy : Assure Insurance-2021

Issue Office : 131127-Branch Office - Himayat Nagar

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

Tel / Fax : 040-42204151

Email : himayatnagar@starhealth.in

This is to certify that VENKATRAMANA NAGULAPALLY has paid Rs 32,917/- (Total Premium : Indian Rupees Thirty Two thousand nine hundred seventeen only) towards Premium for Hospitalization Insurance vide Policy No: 4362112502047695 for the Period 18-Apr-2026 To 17-Apr-2027 issued on 16-Apr-2026.

Payment received by Payment Gateway vide Receipt No: 131127/RV/2027/0302170380/1 Receipt Date: 16-Apr-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 : 16-Apr-2026

For and on behalf of

Place : Branch Office - Himayat Nagar

Star Health and Allied Insurance Company Ltd.

IRDAI Regn.No.129

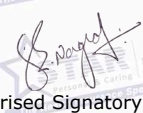
Corporate Identity Number L66010TN2005PLC056649


Authorised Signatory

Email ID: info@starhealth.in

Entered by : CUSTPORTAL
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Page 5 of 7



**Star Health and Allied Insurance
Company Limited
Customer Identity Card**

Policy No : 4362112502047695

Name	DOB	Gender	Customer id
VENKATRAMANA NAGULAPALLY	22-Aug-1986	Male	PI0005453278
NIKHILA DAMANAPETA	10-Oct-1991	Female	ME0443438783
MANASVINI NAGULAPALLY	21-Aug-2016	Female	ME0443438784
NAGULAPALLY SKANDA VEDHYASRI	11-Aug-2024	Female	ME0467470232

Valid From : 18-Apr-2026

Valid Till : 17-Apr-2027

Office Code : 131127

Agent/Broker/TE Code : BA0000639765

TA/SSM/SM Code : SH14955

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

Page 6 of 7

Tax Invoice

Invoice No. : 3626041013844080	Customer ID : PI0005453278
Invoice Date : 16-Apr-2026	Policy No. : 4362112502047695
Recipient	
GSTIN :	GSTIN : 36AAJCS4517L1ZZ
Name :	Name : Star Health and Allied Insurance Co Ltd -
Address :	Address : Branch Office - Himayat Nagar
	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
Pin Code : 500044	Pin Code : 500029
State : Telangana	State : Telangana
Client Category : IND	Place of supply : Telangana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 0% D = C * IGST	CGST @ 0% E = C * CGST	UT/SGST @ 0% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	32,917.00	0	32,917.00	0	0	0	0	32,917.00

Total Invoice Value (in Figures) : Rs. 32,917/-

Total Invoice Value (in Words) : Rupees Thirty Two thousand nine hundred seventeen 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

Page 7 of 7



TSGGDI 28996110



Government Of India



GOVERNMENT OF TELANGANA
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT
GREATER HYDERABAD MUNICIPAL CORPORATION
FORM NO. 5



BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Registration of Births and Deaths Rules 1999)

This is to certify that the following information has been taken from the original record of birth, which is the register for ward AMBERPET, circle AMBERPET of Greater Hyderabad Municipal Corporation Telangana State, India

Name	:	NAGULAPALLY SKANDA VEDHYASRI
Gender	:	FEMALE
Date of Birth	:	11-AUG-2024
Place of Birth	:	RAINBOW CHILDRENS HOSPITAL
Name of Mother	:	DAMANAPETA NIKHILA
Name of Father	:	NAGULAPALLY VENKATRAMANA
Address of the parents at the time of birth of the Child	:	627, H.NO. 1-9-537, BABA NILAYAM, ADIKMET, HYDERABAD, TELANGANA-500044.
Permanent address of the parents	:	627, H.NO. 1-9-537, BABA NILAYAM, ADIKMET, HYDERABAD, TELANGANA-500044.
Remarks	:	APPROVED

Application No. : CNI022402097834
Registration No. : 4551

ACK No. :1202416024617
Date of Registration :13-AUG-2024



Verified by :

Registrar of Births and Deaths
NAME :DR Y HEMALATHA
DESIGNATION:AMOH
CIRCLE No & NAME:16-AMBERPET
DATE:13-Sep-2024 04:21:59

Note: This is Digitally Signed Certificate and does not require physical signature. And this certificate can be verified at https://hd.ghmc.gov.in/Birth_Certificate.aspx by furnishing the Acknowledgement/Application number mentioned in the Certificate.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

సమోదా సంఖ్య / Enrollment No. : 1093/20233/04827

19/10/2011

To
Nagulapally Venkatramana
నాగులపల్లి వెంకటరమణ
S/O Nagulapally Bramaiah Vijay Kumar
1-9-537
Adikmet
Fly Over Down
Adikmet
Hyderabad
Hyderabad
Andhra Pradesh - 500044



UF310174260IN

31017426



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3340 9202 6239

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

నాగులపల్లి వెంకటరమణ
Nagulapally Venkatramana



పుట్టిన సంవత్సరం / Year of Birth: 1986
పురుషుడు / Male

3340 9202 6239



ఆధార్ - సామాన్యుని హక్కు

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AKDPV8126D



नाम / Name


NAGULAPALLY VENKATRAMANA

पिता का नाम / Father's Name

NAGULAPALLY BRAHMIAN VIJAY KUMAR

जन्म की तारीख / Date of Birth

22/08/1986


हस्ताक्षर / Signature

48420