

**ACCIDENT TRAUMA CARE INSURANCE POLICY (GROUP)
SCHEDULE
IRDA/NL-HLT/SHAI/P-HV.I/104/13-14**

Policy No.	: P/141123/02/2024/000125	Previous Policy No.	: P/141123/02/2023/000500
Customer code	: CB0000104877	Issue Office Code	: 141123 :Branch Office - Rajaji Nagar
Customer Name	: M/S.VAIDYANATHESHWARA INSTRUMENTS	GSTIN	: 29AAJCS4517L1ZU
Proposer Code	: 23236406	SAC Code	: 997133/Accident and Health Insurance Services
Proposer Name	: M/S.VAIDYANATHESHWARA INSTRUMENTS	Address	: Indra Arcade,# 81 1st floor, Dr Rajkumar Road Prakashnagar, 3rd Stage, Rajaji Nagar, Bangalore-560021
Address	: NABL ACCREDITED CALIBRATION LABORATORY , # 301/A, 9TH MAIN, 3RD CROSS, RAJIV GANDHI NAGAR, J B KAVAL NANDINI LAYOUT POST BANGALORE - 560096		
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	Bangalore,Bangalore,Karnataka-560096		
Tel/Mobile	: 9632221171/9964308118/	Tel/Mobile	: 080- 4943 8000 / /
E-mail Id	: viplground64@gmail.com		rajajinagar.bangalore@starhealth.in
Proposer GSTIN	: 29AEWPC1156R1ZP	Place of Supply	: Karnataka / State Code : 29
Fulfiller Code	: SH44115		

Intermediary Code/Name : **BA0000345558 / Ms.V. DEEPA**

Intermediary Tel/Mobile : **9449396223/9449396223**

Intermediary Email : **DEEPAV958@GMAIL.COM**

Period of Insurance : **From 00:00 On 28/08/2023 To Midnight Of 27/08/2024**

Renewal Year : Second Year First Policy Inception Date : 05-AUG-2021

Receipt No/Date. : 1114005186 - 28/08/2023

Gross Premium : 12,800 /- Stamp Duty : 5 /-

CGST @9% : 1,152/- SGST / UGST @9% : 1,152/-

Total : 15,104 /-

Please read condition no:3 carefully. In the event of a claim, immediate information should be sent to us as stated in this condition. Our Toll Free No: 1800 425 2255, Email: support@starhealth.in , Fax No: 1800 425 5522.

Risk Information as per Schedule attached

Work Place Accident Endt: (for persons who have opted "Yes")

In consideration of the payment of additional premium this policy extends to cover hospitalisation expenses for treatment of grievous injuries resulting from accidents at workplace.

Sum Insured In Words P A Cover : Indian Rupees Thirty-Two Lakhs Only

Sum Insured In Words Hospitalisation Cover : Indian Rupees Thirty-Two Lakhs Only

Total Premium In Words : Indian Rupees Fifteen Thousand One Hundred Four Only

Hospital admission intimation to be given within 24 hrs.

Entered by : SH26330

Approved by : SH26330

Place : Prakashnagar, 3rd

Date : 31-AUG-23

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

SPECIAL EXCLUSION: Any claim relating to nuclear, chemical and biological terrorism is excluded from the scope of this policy.

STAR value added unique services

Web enabled services for Policy details and health tips
24*7 customer care center
Free General Physician advice

Expenses relating to the hospitalisation will be considered in proportion to the room rent stated in the policy.

In the event of the policy being taken by the Employer covering the employee(s) , It is hereby declared and agreed that in the event of any claim for the 'death' of an employee covered under the policy , the benefits shall become payable to the employer. ie.the Insured , against the discharge . Such payment will discharge the Company (Insurer) from its obligation under the policy in respect of such claims

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception)

Condition No. 3 regarding delay in payment of claim shall read as follows and not as stated in policy wordings:

"The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy"

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

For Employer Employee policies cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

Entered by : SH26330

Approved by : SH26330

Place : Prakashnagar, 3rd

Date : 31-AUG-23

For and on behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees

TAX Invoice

Invoice No. : 29E114Y24P000075	Customer ID : CB0000104877
Invoice Date : 31/08/23	Policy No : P/141123/02/2024/000125
Recipient	Supplier
GSTIN : 29AEWPC1156R1ZP	GSTIN : 29AAJCS4517L1ZU
Proposer Name : M/S.VAIDYANATHESHWARA INSTRUMENTS	NAME : Star Health and Allied Insurance Co Ltd - &CP_ISSUE_DIVN_NAME
Address : NABL ACCREDITED CALIBRATION LABORATORY , # 301/A, 9TH MAIN, 3RD CROSS, RAJIV GANDHI NAGAR, J B KAVAL NANDINI LAYOUT POST BANGALORE - 560096	Address : Indra Arcade,# 81 1st floor, Dr Rajkumar Road Prakashnagar, 3rd Stage, Rajaji Nagar, Bangalore-560021
City : RAJAJI NAGAR	City : RAJAJI NAGAR
State : Karnataka	State : Karnataka
Pincode : 560096	Pincode : 560 021
Client Category : CORP	Place of Supply : 29 - Karnataka

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	12800	0	12800		1152	1152		Rs. 15104

Total Invoice Value (in Figures) : Rs. 15104
 Total Invoice Value (in Words) : Rupees: Fifteen thousand one hundred four 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

Entered by : SH26330
 Approved by : SH26330

Place : Prakashnagar, 3rd
 Date : 31-AUG-23

For and on behalf of
 Star Health and Allied Insurance Company Ltd.

Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees

Entered by : SH26330
Approved by : SH26330

Place : Prakashnagar, 3rd
Date : 31-AUG-23

For and on behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees

Attached to and forming part of Policy No :

P/141123/02/2024/000125

Sector Classification :

Urban		
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Period of Insurance : From 00:00 On 28/08/2023 To Midnight Of 27/08/2024

Insured Person Details

Sl. no.	Name Of The Insured	Emp No	Sex	Date of Birth	Age - Yrs	Relationship with Proposer	Pre - existing Disabilities	PA Cover Sum Insured (Rs.)	Hospitalisation Cover SI (Rs.)	Work place Acndt Endt.	Eff Frm Dt	Eff To Dt	Inception Date
1	RAHUL S H	01	M	20/05/1999	24	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	05/08/21
2	MANJU S	02	M	20/09/1984	38	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	05/08/21
3	VIDYA SUBRAMANI	03	M	17/07/1995	28	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	12/08/22
4	KANTHRAJU	04	M	28/05/1999	24	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	12/08/22
5	RAKESH	05	M	10/05/1997	26	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	12/08/22
6	GANESH Areya	06	M	31/08/2000	22	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	12/08/22
7	SUHIL AHMED	07	M	27/02/2000	23	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	12/08/22
8	Maruthi Jadhav	08	M	30/10/1991	31	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
9	Pavan kumar C	09	M	24/03/1997	26	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
10	Shivu m	10	M	10/12/1996	26	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
11	srinivas	11	M	02/06/1984	39	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
12	Niveed	12	M	11/04/2002	21	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
13	sunil	13	M	05/05/1994	29	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
14	sharath B.J	14	M	11/06/2001	22	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
15	SRIDHAR	15	M	12/05/1999	24	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
16	VISHWAS GOWDA	16	M	03/03/2002	21	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
17	GAGAN	17	M	08/07/2001	22	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
18	Selvakumar	18	M	09/12/1990	32	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
19	MOHANKUMAR HJ	19	M	05/06/1991	32	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
20	Abhishek ap	20	M	01/05/1996	27	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
21	Shree Ram K.m	21	M	10/10/1991	31	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
22	Vishnu k p	22	M	20/11/1997	25	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
23	Raju T.E	23	M	25/05/1987	36	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
24	Umesh .D	24	M	03/05/1986	37	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
25	Madhusudhan v	25	M	22/02/1989	34	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
26	Jagadisha R	26	M	04/04/1982	41	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
27	Keshav murthy	27	M	01/08/1985	38	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
28	Arunkumar	28	M	22/07/1995	28	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23

Place : BANGALORE

Date : 31/08/2023

Entered by : SH26330

Approved by : SH26330

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Please see overleaf 5 of 6

Attached to and forming part of Policy No :

P/141123/02/2024/000125

29	Rajesh	29	M	20/11/1979	43	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
30	Akshay R	30	M	07/04/1996	27	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
31	manikanth	31	M	09/10/1999	23	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23
32	sreenivasa ks	32	M	06/02/2001	22	Employee	NIL	100,000	100,000	Yes	28/08/23	27/08/24	28/08/23

Total Sum Insured : 6400000.00

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. NO IG0223003027565328 DT 14.02.2023"

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at **Branch Office - Rajaji Nagar on 31st Day of August 2023** .

Place : BANGALORE

Date : 31/08/2023

Entered by : SH26330

Approved by : SH26330

For and on behalf of
Star Health and Allied Insurance Company Ltd.



Authorised Signatory