

STAR STUDENT TRAVEL PROTECT
Policy Schedule
Unique Identification No.IRDA/NL-HLT/SHAI/P-T/V.I/142/13-14

Corporate Office, No148, Acropolis,Dr.Radha Krishnan Salai,, Mylapore,, Chennai - 600 004., 600034, INDIA

The Proposal and Declaration and Annexure thereto together with any statement, report or other document leading to the issue of this Policy shall form the basis of this policy and are deemed to be incorporated herein. In consideration of the payment of the required premium the Company agrees subject to the terms, conditions and deductibles provided under this Policy to pay the sum insured or the appropriate benefit to the Insured Person named in the Schedule or his/her legal representatives.

Provided the insurance hereunder is only with respect to such benefits as are indicated by specific amount set against each benefit mentioned in the Schedule. The Policy, Schedule, attached proposal forms, endorsements, procedures and riders shall be read together.

Policy No. : P/141125/03/2025/000047 Date Issued : 25/09/2024
Customer's Code/Name : AA0031774439 - RANJITH
Cust CKYC No : 40022840382365
Proposer's Code : 35586572 Proposer Name : Mr.RANJITH BHEEMASANDRA KUMARA
Address : BELLAVI ROAD BHEEMASANDRA M C Fulfiller Code : SH18013
CAMPUS POST TUMAKURU - 572107 Issue Office Code : 141125
Bellavi,Tumkur,Karnataka Issue Office Name : Branch Office - Jayanagar
GSTIN : 29AAJCS4517L1ZU
SAC : 997136/Freight Insurance Services &
Travel Insurance Services
Tel /Mobile : 9986028959/9986028959/ Address : Shree Thulasi Towers, 672/43, 3rd Floor,
11th Main Road, Jayanagar 4th Block
Bengaluru 560011
E-mail Id : ranjithbk666@gmail.com
Mobile No-in Overseas : 9986028959/9986028959/
Tele/Mobile number / Email-ID : 080- 4938 9999 / /
Jayanagar@starhealth.in
Cover Note No. : --
Cover Note Date : --
Receipt No/Date. : 1168002675 - 25/09/2024
Proposer GSTIN : - Place of Supply : -

Intermediary Code/Name : BA0000710932 / Mrs.MEHAR TAJ

Intermediary Tel/Mobile : 8660717348/8660717348

Intermediary Email : sultan7_arc@yahoo.com

Insured/Travel Details
Name of the Insured : Mr.RANJITH BHEEMASANDRA KUMARA Plan : GOLD
Sex : MALE Sum Insured : 250000
Date of Birth : 23/05/2002 Medical Report attached : NO
Age - Yrs : 22 Does your trip include USA : NO
Passport Number : X4797354 Date of Commencement : 02/10/2024
Date of Expiry : 10/03/2034 Cover Valid not beyond : 01/10/2025 both days inclusive
Place of Issue : BANGALORE Days of Travel : 365
Visa Type : Student Visa Purpose of Travel : STUDENT
Special Exclusions*** : -- Country of Visit : Slovenia
Name of the Sponsor : Mr.KUMARA DODDASIDDAIAH Address in country of Study : RAZLAGOVA ULICA LY 2000 MARIBOR SLOVENIA
Address of the Sponsor : BELLAVI ROAD BHEEMASANDRA M C CAMPUS POST TUMAKURU - 572107 Name of the Institution : UNIVERSITY OF MARIBOR
Relationship with the Sponsor : FATHER I-20 No : .

Coverage and Deductibles:

Benefits	Sum Insured in USD	Deductible / Excess per claim in USD
Emergency Medical Expenses M1,Emergency Medical Transportation Expenses M2,Repatriation Of Mortal Remains M3	2,50,000	100
Dental Emergency Assistance M4	300	50
Personal Accident A1	5,000	0
Loss of Checked-In Baggage T1	500	0
Loss of Passport T2	250	25
Personal Liability L1	10,000	0
Bail Bond L2	5,000	0
Compassionate Visit Two Way S1	7,500	0
Study Interruption S2	7,500	0

Gross Premium : 7,885

Stamp Duty : 1 /-

Total : 9,305 /-

CGST @9% : 710 /-

SGST / UTGST @9%: 710 /-

Total premium : 9,305 /-

Entered By : SH19283


Approved By : SH19283

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

Signed for on and behalf of
Star Health and Allied Insurance Company Limited


Authorised Signatory
Please see overleaf

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee

Important:

1. The benefit under this Policy is not applicable for Indian citizens going abroad for the purpose of any employment including but not limited to persons holding Emigrant Visa(s).
2. It is mandatory to contact first the 24 hr Alarm Centre / Claims Assistance Company's Nos. stated below and take prior authorisation from the Claims Assistance Company before incurring any expense. 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).

General Condition No. 11 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"

Sector Classification :

Rural		
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Please check whether the details given by you about the Insured persons in the Proposal Form and the Medical report findings, if any, are incorporated correctly in the Policy. If you find any discrepancy, please inform us within 7 days from the date of receipt of the policy, failing which the details relating to the Insured persons given in the Policy are deemed to have been accepted by you.

The Contact details of the Overseas Assistance Company is as follows:

Claims Department
Star Health Insurance and Allied Insurance Company Limited
 C/O Falck India Pvt Ltd,
 Upper Floor The Peach Tree,
 Block - C Sushantlok-I, Sector 43,
 Gurgaon, Haryana-122015 (India)

From USA and Canada: +18009131644 (Toll Free)
 From Rest of the World: +91 124 4498759 (Call back facility)
 E-mail: starhealth@falck.com
 Website : www.falck.com


The Name, Address / Contact Details of the Service Provider / Overseas Assistance Company mentioned in other places of the policy / Annexure shall read as above only and not as originally stated therein.

"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 - Jayanagar on 25th Day of September 2024

Entered By : SH19283
 Approved By : SH19283

Signed for on and behalf of
 Star Health and Allied Insurance Company Limited


 Authorised Signatory
 Please see overleaf

TAX Invoice



Invoice No. : 29F168Y25P000152	Customer ID : AA0031774439
Invoice Date : 25/09/24	Policy No : P/141125/03/2025/000047
Recipient	Supplier
GSTIN : -	GSTIN : 29AAJCS4517L1ZU
Customer's Code/Name : Mr.RANJITH BHEEMASANDRA KUMARA	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Jayanagar
Address : BELLAVI ROAD BHEEMASANDRA M C CAMPUS POST TUMAKURU - 572107	Address : Shree Thulasi Towers, 672/43, 3rd Floor, 11th Main Road, Jayanagar 4th Block Bengaluru 560011
City : Bellavi,Tumkur,Karnataka	City : JAYANAGAR
State : Karnataka	State : Karnataka
Pincode : 572107	Pincode : 560041
Client Category : IND	Place of Supply : 29 - Karnataka

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	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
997136	Insurance Services	7885	0	7885		710	710		Rs. 9305

Total Invoice Value (in Figures) : Rs. 9305
 Total Invoice Value (in Words) : Rupees: Nine thousand three hundred five 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 : SH19283
 Approved By : SH19283

Signed for on and behalf of
 Star Health and Allied Insurance Company Limited


 Authorised Signatory
 Please see overleaf