

# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai - 600034.  
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

|  |  |
|--|--|
| Policy No  | P/181318/01/2022/000355  |
| Certificate No   | P/181318/01/2022/000355/232  |
| Name & Address of the Proposer   | THE DIRECTOR TSSS<br>TELLICHERY SOCIAL SERVICE SOCIETY,<br>P.B.NO.70, P.O. THALASSERY,<br>KANNUR - KERALA - INDIA-670101 |
| Name & Address of the Insured Person   | Ms.ROSAMMA ABRAHAM<br>PUTHENPURAYIL NECIYANGA<br>NECIYANGA KANNUR<br>KERALA-670631                                       |
| Membership / Identification No   | 232  |
| Occupation   | OTHERS   |
| Date of Birth/Age  | / 58 yrs   |
| Period of Insurance  | From : 30-APR-21 To : 29-APR-22  |
| Sum Insured (Rs.)  | 100000 /-  |
| Premium Details :  | Premium Rs. 1659 /-  |
|  | Service Tax Rs. 298.62 /-  |
|  | Total Rs. 1958 /-  |
| <b>Coverage Details:</b>   |  |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion.  |  |
| <b>Conditions:</b>   |  |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. |  |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto:support@starhealth.in) or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade near  
st.joseph's Hospital,  
Mananthavady,wayanad-  
670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 21-JUN-21