



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

**Customer ID No.** : 216400222200088000  
**Policy No** : P/181318/01/2022/000355  
**Corporate Name** : THE DIRECTOR TSSS  
**Name** : Ms.SHEENA  
**Date of Birth** : Age : 40 Years  
**Gender** : F Emp ID : 880  
**Relationship** : Member  
**Valid From** : 30/04/2021  
**Office Code** : 181318

**Personal and Caring**

**Emergency Help Line No. 1800 103 8318**

**E-mail: [support@starhealth.in](mailto:support@starhealth.in) Website: [www.starhealth.in](http://www.starhealth.in)**

**Please quote the Customer ID No. for assistance**

- Immediate intimation to Star through above Telephone number is a must in the case of Hospitalisation.
- This card to be produced at the time of Hospitalization along with the valid photo identity proof.
- This ID card is invalid, if the insurance cover is not in force.
- This card is valid until otherwise cancelled.

**IRDA Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : [info@starhealth.in](mailto:info@starhealth.in)**