



Shanmuga Rajan &lt;advshan3373@gmail.com&gt;

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**7th and 8th Respondent Reply to the objections of the applicant in OA No. 104 of 2021 bef NGT SZ**

1 message

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**Shanmuga Rajan** <advshan3373@gmail.com>

Wed, Dec 22, 2021 at 11:24 PM

To: mstnseiaa@yahoo.com, "minetnv@gmail.com" &lt;minetnv@gmail.com&gt;, cedtin@tnebnet.org, collr-tks@gov.in, "lingaram74@gmail.com" &lt;lingaram74@gmail.com&gt;, tnpcb-chn@gov.in, dshanmuganathan@outlook.com

Cc: registrar-ngtsz@gov.in

Sir/Madam,

with regard to Original Application No.104 of 2021 filed by one Mr.K.Ramsingh before the Hon'ble NGT - SZ, the 7th and 8th Respondent filing their reply to the objections filed by the applicant to the joint committee report.

The above case listed as item 18 on 23.12.2021 before the Hon'ble NGT - SZ.

Kindly receive the copies annexed herewith and acknowledge the same.

Reg,

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**A.S.SHANMUGA RAJAN**

Legum Bacculaureate,

CHENNAI.

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**2 attachments****Scnd 7R reply to the objections of the applicant.pdf**

7311K

**Scnd 8R reply to the objections of the applicant.pdf**

2757K

**BEFORE THE NATIONAL GREEN TRIBUNAL SOUTHERN ZONE, CHENNAI**

**Original Application No.104 of 2021**

K.Ramsingh  
S/o.Kandasamy,  
No.3/93, South Street,  
Theertharappapuram post,  
Alangulam Taluk, Tenkasi District

.....Applicant

VS

1. State Environment Impact Assessment Authority,  
Government of Tamilnadu,  
3<sup>rd</sup> Floor, Panagal Maligai,  
No.1 Jennis Road, Saidapet,  
Chennai, Tamilnadu-600 015.
2. The Chairman,  
Tamilnadu Pollution Control Board,  
No.76, Mount Road,  
Chennai. 32
3. The Deputy Director,  
Dep of Geology and Mining,  
Collectorate, Kokkirakulam,  
Tirunelveli.
4. The District Collector,  
Collectorate,  
No.82, Railway Feeder Road,  
Tenkasi.
5. The Superintending Engineer,  
TANGEDCO, Anna Building,  
Thiyagaraya Nagar, Tirunelveli 627 011
6. The Assistant Engineer,  
Distribution- TANGEDCO,  
Servaikkaranpatti, Kadayam,  
Tenkasi District.
7. N.Mohamed Mahaboob,  
Proprietor- AP Nadanoor Rough Stone,  
Jelly and Gravel Quarry,  
No.8/142, Main Road,  
Pottal Pudur, Ambasamudram Taluk,  
Tenkasi.
8. K.Sasikumar,  
S/o.V.Kalangiam,  
Proprietor- AP Nadanoor Rough Stone,  
Jelly and Gravel Quarry,

*N. M. Mahaboob*

No.9/303, Nainar Koil Street,  
Velappanaiyeripaatti, Thippanampatti Village,  
Tenkasi District- 627 423

**7<sup>th</sup> RESPONDENT REPLY TO THE OBJECTIONS FILED BY THE  
APPLICANT**

1. I submit that; this Respondent had filed the preliminary objection on 22.09.2021 and had filed reply objections on 24.11.2021. It is humbly requested that the said objections can be treated part and parcel of this reply to the objection filed by the applicant.
2. I submit that, the Tamilnadu Pollution Control Board/2<sup>nd</sup> Respondent had filed its report dated 22.09.2021 the same was taken into file on 23.09.2021 and I submit that, as per the orders of this Hon'ble Tribunal, the Joint Committee had filed its Report dated 26.10.2021 before this Hon'ble Tribunal and the same was uploaded in the Hon'ble National Green Tribunal website on 27.10.2021
3. It is submitted that, the conclusion of the joint committee is that, this 7<sup>th</sup> Respondent had followed all rules and procedures in the quarrying operation and had not committed any violations.
4. With regard to the counter objection of the applicant to the joint committee, it is submitted that this 7<sup>th</sup> respondent had followed the procedures suitably followed in the quarry area and it is further submitted that,
  - (i) The medical facility and accident care insurance policy had been provided to the working labourers and employees (The photographs for the same is annexed herewith- **Annexure-I**)
  - (ii) The internal road is graded and water sprinklers is done by using lorries, hereby dust pollution during vehicle movement is avoided. (The photographs for the same is annexed here with- **Annexure - II**)
  - (iii) This respondent had taken all steps to allocate funds for CSR activity.

*N. Mohan Lal*

(iv) The green belt was well maintained in the quarrying area

**(Annexure -III)**

(v) It is submitted that the quarry activities were carried within the permitted level and there is no illegal transmission of stones and gravel and the allegation of applicant is baseless and the applicant is put to the strict proof of the same.

5. I submit that, because of the pendency of the case, the quarrying operations had been stopped on 16.07.2021 and the Department of Geology and Mining has not issued the transport pass thereon for the past 159 days (i.e, 16.07.2021 to till date) and it is submitted that, the Corona pandemic situation and government mandated lockdown has already disrupted the business chain, which had led to closure of manufacturing facilities and had already caused loss of lakhs of rupees to this 7<sup>th</sup> Respondent.
6. I submit that, though this respondent had not committed any illegality, due to the non-operation of the quarry, this respondent facing a huge financial suffering and livelihood of this respondent and employees is at stake. I further submitted that, this respondent unable to pay salary and bonus for the working labourers and employees, even for the upcoming important festival of Tamilnadu (i.e., Pongal festival).
7. I submit that, years of heavy investment in quarrying machineries are indebted in bank loans and massive damages were caused due to Covid pandemic and it had already caused huge loss to this Respondent and due to non-operation of quarry, this respondent has been suffering from financial stress and unable to repay the EMI for Bank loans. The several employees who are all dependant on this quarry and allied industries are jobless and their livelihood affected.

Therefore, in the view of the above, it is most humbly prayed before this Hon'ble Tribunal to record the submissions stated and consider the

*n. md meher*

reasons stated in this reply affidavit and pleased to dismiss this original application and pleased to pass such orders deem fit and render justice.

Solemnly affirmed at Chennai, on this) the 22<sup>nd</sup> day of December, 2021,) and signed his name in my presence.)

*N. MD Mahaboob*

**BEFORE ME,  
ADVOCATE, CHENNAI**

*Prakash  
[11/22/2021]  
No 52/2nd flr,  
Thambichthy Street  
Ch-1*

**VERIFICATION**

I, N.Mohamed Mahaboob, Son of Nagoorpichai, Muslim, aged about 64 years, residing at No.8/142, Main Road, Pottal Pudur, Ambasamudram Taluk, Tirunelveli do hereby verify the above-said 1-7 paragraphs to be true to the best of my knowledge on material facts.

*N. Mahaboob*

**COUNSEL FOR RESPONDENT**

**RESPONDENT**

*N. MD Mahaboob*

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
Unique Identification No:IRDAI/HLT/SHAI/P-P/V.III/134/2017-18  
Schedule

Policy No. : P/121400/02/2021/001422	Previous Policy No. :
Customer Code : AA0017451057	GSTIN : 33AAJCS4517L125
Customer Name : K. RAJASEKAR	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 20519637	Issuing Office Code : 121400
Proposer Name : K. RAJASEKAR	Issuing Office Name : Branch Office - Tirunelveli
Address : S/O KANTHASAMY, NO 3/232, MIDDLE STREET, MURUGANDIYUR, AVAINADAPERUMAINANUR, Anaindapenumalnadanur, Tirunelveli, Tamil Nadu-627423	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
Tel/Mobile : /7708902914/	Tel/Mobile : 0462 - 4000116 / 4001401
Email id : sanjeevi433@yahoo.com	Email id : tirunelveli.ac@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Date of Inception of first policy : 25-FEB-2021	Fulfiller Code : SH21402
Renewal Year : NEW	Intermediary Code : BA0000016942
Collection Number : 1040008160	Name : A.SUBRAMANIAN
Collection Date : 25/02/2021	Phone : 9842178712/9842178712
Premium : Rs.650 /-	Email id : veerailicmani@yahoo.co.in
CGST @9% : Rs.59/- SGST / UTGST @9% : Rs.59/-	
Stamp Duty : Rs. 25 /- Total Premium : Rs. 788 /-	
Total Premium In Words : Indian Rupees Seven Hundred Sixty Eight Only	
Period of Insurance : From 25/02/2021 18:29 To Midnight Of 24/02/2022	
Total Sum Insured : Rs 500000 /-	
In words : Rupees Five Lakhs Only.	

**Insured Details :**

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	K. RAJASEKAR	M	08/07/1987	33	SELF	BUSINESS	Risk Group II	0	0	25-FEB-21

Entered by : PORTAL

Place : TIRUNELVELI

For Star Health and Allied Insurance Company Ltd



IRDAI Regn. No 129  
Corporate Identity Number U66010TN2005PLC056649  
Email ID : info@starhealth.in



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# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: #/12140092/2021/001422

### Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	R. RAJASEGAR	0	500000	0	500000	No	No	No	No

### Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	MANIMEKALA	Spouse	30	100			

### Sector Classification

Rural

Please check whether the details given by you about the insured persons 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(s) 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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, EXCLUSIONS ETC., ATTACHED.**

### Important

Information about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

CONSOLIDATED STAMP DUTY PAID VIDE G.O (RT) NO.423 DATED 19th December 2020

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tirunelveli on 25th Day of February 2021.

Entered by: PORTAL  
Place: TIRUNELVELI





# Star Health and Allied Insurance Company Limited

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## TAX Invoice



Invoice No. : 33K040Y21P000626	Customer ID : AA0017451057
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001422
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer Name : K. RAJASEKAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Tirunelveli
Address : S/O KANTHASAMY, NO 3/232, MIDDLE STREET, MURUGANDIYUR, AVAINADAPERUMAINDANUR	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
City : Anaindaperumainadanur, Tirunelveli, Tamil Nadu-627423	City : TIRUNELVELI
State : Tamil Nadu	State : Tamil Nadu
Pincode : 627423	Pincode : 627 002
Client Category : IND	Place of Supply : 33 - Tamil Nadu

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 * UT/SGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
 Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight only  
 Amount of Tax Subject to reverse Charge : No

### Important Note:

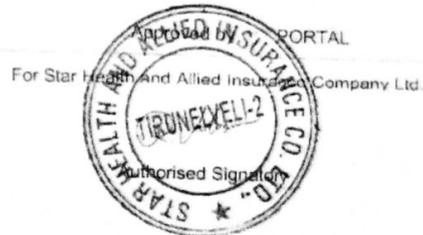
The invoice is issued as per Section 31 of the CGST Act  
 In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

### E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PORTAL  
 Place : TIRUNELVELI



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# Star Health and Allied Insurance Company Limited

(B)

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
 Unique Identification No: IRDAI/HLT/SHAIP-P/V.III/134/2017-18  
 Schedule

Policy No. : P/121400/02/2021/001416	Previous Policy No. :
Customer Code : AA0017450451	GSTIN : 33AAJCS4517L125
Customer Name : S. RAMSINGH	SAC CCDE : 997133/Accident and Health Insurance Services
Proposer's Code : 20518937	Issuing Office Code : 121400
Proposer Name : S. RAMSINGH	Issuing Office Name : Branch Office -Tirunelveli
Address : NO. 3/203 , NORTH STREET, MURUGANDIYUR, ANAINTHAPERUMAL NADANUR, ALANGULAM TALUK, TENKASI	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
Tel/Mobile : /8056649459/	Tel/Mobile : 0462 - 4000116 / 4001401
Email id : sanjeevik33@yahoo.com	Email id : thirunelveli.acr@starhealth.in
Proposer GSTIN :	Place of Supply :
Date of inception of first policy : 25-FEB-2021	Fulfiller Code : SH21402
Renewal Year : NEW	Intermediary Code : BA0000016942
Collection Number : 1040008149	Name : A.SUBRAMANIAN
Collection Date : 25/02/2021	Phone : 9842178712/9842178712
Premium : Rs. 650/-	Email id : veerailicmani@yahoo.co.in
CGST @9% : Rs.59/- SGST / UTGST @9% : Rs.59/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 768/-	
Total Premium In Words : Indian Rupees Seven Hundred Sixty Eight Only	
Period of Insurance : From 25/02/2021 18:00 To Midnight Of 24/02/2022	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only	

**Insured Details :**

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	S. RAMSINGH	M	22/03/1973	47	SELF	PRIVATE SECTOR	Risk Group II	0	0	25-FEB-21

Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL  
 For Star Health and Allied Insurance Company Ltd



IRDAI Regn. No 129  
 Corporate Identity Number U66010TN2005PLC056649  
 Email ID : info@starhealth.in





# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: P/121408/92/2021/001416

**Coverage Details :**

Sl. No	Name of the insured	Sum insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	S. RAMSINGH	0	500000	0	500000	No	No	No	No

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	PONNUKILI	Spouse	43	100			

**Sector Classification**

Rural

Please check whether the details given by you about the insured persons 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 persons 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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, EXCLUSIONS ETC., ATTACHED.**

**Important**

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE :** Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.423 DATED 19th December 2020.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tirunelveli on 25th Day of February 2021

Entered by: PORTAL

Place: TIRUNELVELI

Approved by: PORTAL

For Star Health and Allied Insurance Company Ltd.





# Star Health and Allied Insurance Company Limited

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## TAX Invoice



Invoice No. : 33K040Y21P000618	Customer ID : AA0017450451
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001416
Recipient	
GSTIN : -	Supplier
Proposer Name : S. RAMSINGH	GSTIN : 33AAJCS4517L1Z5
Address : NO. 3/203 , NORTH STREET, MURUGANDIYUR, ANANTHAPERUMAL NADANUR, ALANGULAM TALUK, TENKASI	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Tirunelveli
City : Anandaperumalnadanur, Tirunelveli, Tamil Nadu-627423	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpeitai - Tirunelveli-627 002
State : Tamil Nadu	City : TIRUNELVELI
Pincode : 627423	State : Tamil Nadu
Client Category : IND	Pincode : 627 002
	Place of Supply : 33 - Tamil Nadu

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	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight 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.

### E. & O.E

This is a digitally signed document and hence no physical signature is required

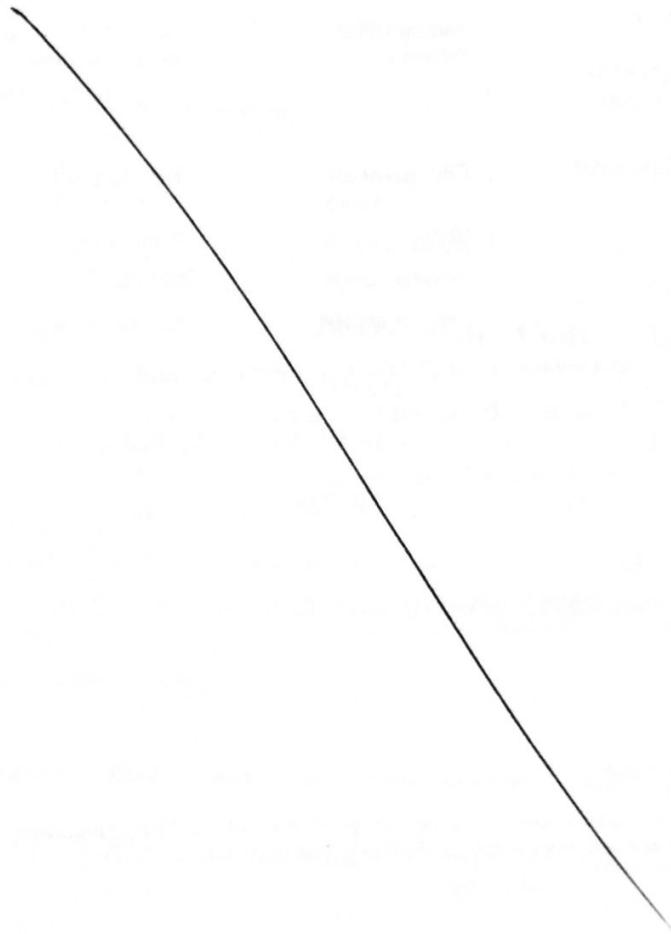
IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

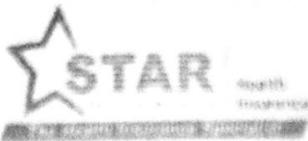
Entered by : PORTAL  
Place : TIRUNELVELI

Approved by : PORTAL  
For Star Health and Allied Insurance Company Ltd.



3 of 3





# Star Health and Allied Insurance Company Limited

9

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
 Unique Identification No: IRDAI/HLT/SHPA/P-P/V/13/2017-18  
 Schedule

<b>Policy No.</b>	P/521400/02/2021/001421	<b>Previous Policy No.</b>	
<b>Customer Code</b>	AA00174501065	<b>GSTIN</b>	33AAJCS4617L125
<b>Customer Name</b>	S. WATHYALAGAN	<b>SAC CODE</b>	997133/Accident and Health Insurance Services
<b>Proposer's Code</b>	20519582	<b>Issuing Office Code</b>	121400
<b>Proposer Name</b>	S. WATHYALAGAN	<b>Issuing Office Name</b>	Branch Office - Tirunelveli
<b>Address</b>	NO 129C RAMASAMY KOVIL STREET, VALLIAMMALPURAM MAGATHUR, ANGULAR TALUK, TENKASI  Anandapuramshadanur, Tirunelveli Tamil Nadu - 627423	<b>Issuing Office Address</b>	NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpattai - Tirunelveli-627 002
<b>Tel/Mobile</b>	9787326159	<b>Tel/Mobile</b>	0462 - 4000116 / 4001401
<b>Email ID</b>	sargeev433@yahoo.com	<b>Email ID</b>	thirunelveli.ao@starhealth.in
<b>Proposer GSTIN</b>		<b>Place of Supply</b>	
<b>Date of Inception of first policy</b>	25-FEB-2021	<b>Fulfiller Code</b>	SH21402
<b>Renewal Year</b>	NEW	<b>Intermediary Code</b>	BA0000016942
<b>Collection Number</b>	1040008158	<b>Name</b>	A.SUBRAMANIAN
<b>Collection Date</b>	25/02/2021	<b>Phone</b>	9842178712/9842178712
<b>Premium</b>	Rs. 650/-	<b>Email id</b>	veerailicmani@yahoo.co.in
<b>COST @9% (Rs.59/-) GST / UTGST @9% (Rs.59/-)</b>			
<b>Stamp Duty</b>	Rs. 25/-	<b>Total Premium</b>	Rs. 768/-
<b>Total Premium in Words</b>	Indian Rupees Seven Hundred Sixty Eight Only		
<b>Period of Insurance</b>	From 25/02/2021 18:24	To	Midnight Of 24/02/2022
<b>Total Sum Insured</b>	Rs. 500000/-		
<b>In words</b>	Rupees Five Lakhs Only		

**Insured Details**

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs.	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Ra.	Inception Date
1	S. WATHYALAGAN	M	09/02/1964	57	SELF	PRIVATE SECTOR	Risk Group II	0	0	25-FEB-21

Controlled by: IRDAI/HLT  
 Place: TIRUNELVELI

Approved By: RORTAL  
 For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129  
 Corporate Identity Number: U56019TN2005PLC034640  
 Email ID: info@starhealth.in



# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: PY121409/02/2021/001421

### Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	S. MATHIALAGAN	0	500000	0	500000	No	No	No	No

### Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	SELVI	Spouse	49	100			

### Sector Classification

None

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CONSOLIDATED STAMP DUTY PAID VIDE G.O (RT) NO.423 DATED.19th December 2020

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tirunelveli on 25th Day of February 2021.

Entered by: PORTAL  
Place: TIRUNELVELI





# Star Health and Allied Insurance Company Limited



## TAX Invoice

Invoice No : 33K040Y21P000624	Customer ID : AA0017450965
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001421
Recipient	Supplier
GSTIN	GSTIN : 33AAJCS4517L1Z5
Proposer Name : S. MATHIYALAGAN	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Tirunelveli
Address : NO 1/28C RAMASAMY KOVIL STREET, VALLIAMMALPURAM MADATHUR, ANGULAR TALUK, TENKASI	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
City : Anaindaperumalnadanur, Tirunelveli, Tamil Nadu-627423	City : TIRUNELVELI
State : Tamil Nadu	State : Tamil Nadu
Pincode : 627423	Pincode : 627 002
Client Category : IND	Place of Supply : 33 - Tamil Nadu

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	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight 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.

### E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

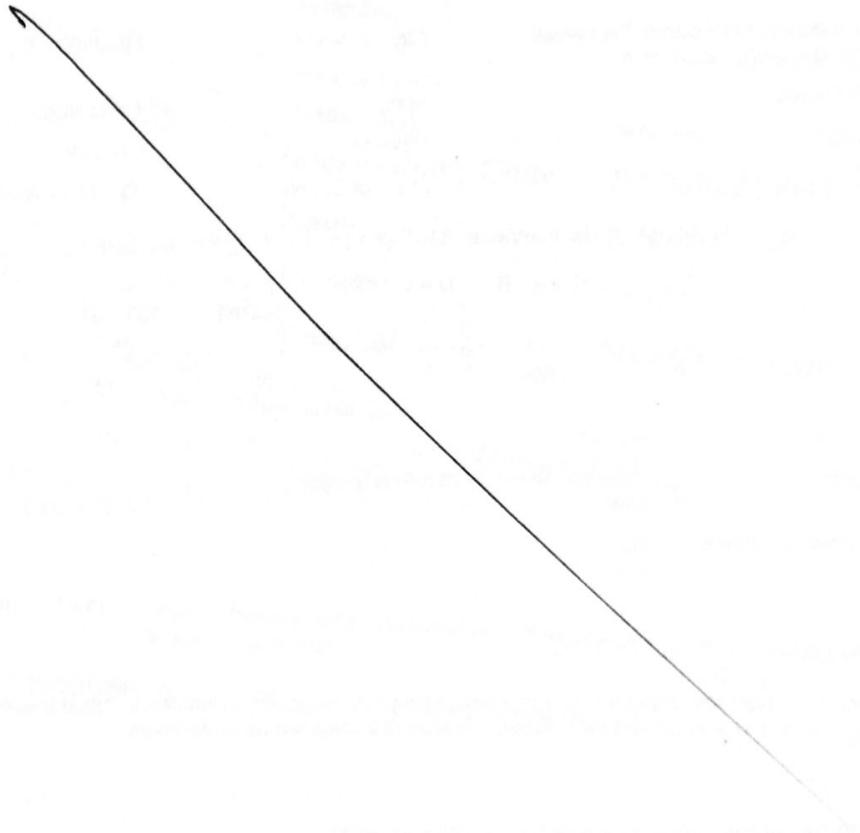
Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL  
For Star Health and Allied Insurance Company Ltd



12





# Star Health and Allied Insurance Company Limited

13

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
**Unique Identification No:IRDAI/HLT/SHAI/P-P/V.III/134/2017-18**  
**Schedule**

Policy No. : P/121400/02/2021/001423	Previous Policy No. :
Customer Code : AA0017451133	GSTIN : 33AAJCS4517L1Z5
Customer Name : VELMURUGAN	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 20519721	Issuing Office Code : 121400
Proposer Name : VELMURUGAN	Issuing Office Name : Branch Office -Tirunelveli
Address : NO 3/218, NORTH STREET, MURUKANDIYUR ANAINDAPERUMALANDANUR	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
Anaindaperumalnadanur, Tirunelveli Tamil Nadu-627423	
Tel/Mobile : /9043480496/	Tel/Mobile : 0462 - 4000116 / 4001401
Email id : sanjeev133@yahoo.com	Email id : thirunelveli.ac@starhealth.in
Proposer GSTIN :	Place of Supply :
Date of Inception of first policy : 25-FEB-2021	Fulfiller Code : SH21402
Renewal Year : NEW	<b>Intermediary Code : BA0000016942</b>
Collection Number : 1040008162	<b>Name : A.SUBRAMANIAN</b>
Collection Date : 25/02/2021	<b>Phone : 9842178712/9842178712</b>
Premium : Rs.650/-	<b>Email id : veerailicmani@yahoo.co.in</b>
CGST @9% : Rs.59/- SGST / UTGST @9% : Rs.59/-	
Stamp Duty : Rs. 25/- Total Premium : Rs. 768/-	
Total Premium In Words : Indian Rupees Seven Hundred Sixty Eight Only	
Period of Insurance : From 25/02/2021 18:34 To Midnight Of 24/02/2022	
Total Sum Insured : Rs 500000/-	
In words : Rupees Five Lakhs Only	

**Insured Details :**

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	VELMURUGAN	M	28/05/1989	31	SELF	OTHERS	Risk Group II	0	0	25-FEB-21

Entered by : PORTAL  
 Place : TIRUNELVELI

Approved by : PORTAL  
 For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129  
 Corporate Identity Number U66010TN2005PLC056649  
 Email ID : info@starhealth.in





# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: P/121400/02/2021/001423

### Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	VELMURUGAN	0	500000	0	500000	No	No	No	No

### Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	JEEVA RANI	Spouse	28	100			

### Sector Classification

Rural

Please check whether the details given by you about the insured persons 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(s) 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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, EXCLUSIONS ETC., ATTACHED.**

### Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)**

CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.423 DATED.19th December 2020

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tirunelveli on 25th Day of February 2021.

Entered by PORTAL

Place TIRUNELVELI

Approved by PORTAL  
For Star Health and Allied Insurance Company Ltd.



15



# Star Health and Allied Insurance Company Limited



## TAX Invoice

Invoice No. : 33K040Y21P000629	Customer ID : AA0017451133
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001423
Recipient	
GSTIN : -	Supplier
Proposer Name : VELMURUGAN	GSTIN : 33AAJCS4517L1Z5
Address : NO 3/218, NORTH STREET, MURUKANDIYUR ANAINDAPERUMALANDANUR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office -Tirunelveli
City : Anaidaperumalnadanur, Tirunelveli, Tamil Nadu-627423	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp.RMKV Silks) Vannarpetai - Tirunelveli-627 002
State : Tamil Nadu	City : TIRUNELVELI
Pincode : 627423	State : Tamil Nadu
Client Category : IND	Pincode : 627 002
	Place of Supply : 33 - Tamil Nadu

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 * UT/SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
 Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight 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.

### E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PORTAL  
 Place : TIRUNELVELI

Accepted by : PORTAL  
 For Star Health and Allied Insurance Company Ltd.



16





# Star Health and Allied Insurance Company Limited

(H)

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
 Unique Identification No: IRDA/HLT/SHA/PP-P/V/134/2017-18  
 Schedule

Policy No.	P/121419/02/2021/001418	Previous Policy No.	
Customer Code	AA0017450915	GSTIN	33AAJCS4517L1Z5
Customer Name	A. SAKTHIVEL	SAC CODE	997133/Accident and Health Insurance Services
Proposer's Date	20191228	Issuing Office Code	121400
Proposer Name	A. SAKTHIVEL	Issuing Office Name	Branch Office - Tirunelveli
Address	NO 3/299 SOUTH STREET, MURUGANDIYUR, AVAINADIAPERUMAL, ALANGULAM TALUK, TENKASI	Issuing Office Address	NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
	Anaindaperumainadanur, Tirunelveli Tamil Nadu-627423		
Tel/Mobile	98489091221/	Tel/Mobile	0462 - 4000116 / 4001401
Email id	sanjeev433@yahoo.com	Email id	thirunelveli.ao@starhealth.in
Proposer GSTIN		Place of Supply	
Date of inception of first policy	25-FEB-2021	Fulfiller Code	SH21402
Renewal Year	NEW	Intermediary Code	BA0000016942
Collection Number	1040008154	Name	A.SUBRAMANIAN
Collection Date	25/02/2021	Phone	9842178712/9842178712
Premium	Rs. 650 /-	Email id	veerailicmani@yahoo.co.in
CGST @9%	Rs.59/-		
BGST / UTGST @9%	Rs.59/-		
Stamp Duty	Rs. 25 /-	Total Premium	Rs. 768 /-
Total Premium in Words	Indian Rupees Seven Hundred Sixty Eight Only		
Period of Insurance	From 25/02/2021 18:06	To	Midnight Of 24/02/2022
Total Sum Insured	Rs. 500000 /-		
in words	Rupees Five Lakhs Only		

**Insured Details :**

Sl. No.	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	A. SAKTHIVEL	M	25/03/1991	29	SELF	OTHERS	Risk Group II	0	0	25-FEB-21

Entered by: ROBERTA  
 Place: TIRUNELVELI



IRDAI Regn. No 129  
 Corporate Identity Number U65019TN2005PLC056649  
 Email ID : info@starhealth.in



# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: P/121400/02/2021/001418

### Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	A SAKTHIVEL	0	500000	0	500000	No	No	No	No

### Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	MARUTHAKANI	Spouse	26	100			

### Sector Classification

Rural

Please check whether the details given by you about the insured persons 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(s) 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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, EXCLUSIONS ETC., ATTACHED.**

### Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE :** Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

⌋CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.423 DATED.19th December 2020⌋

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office -Tirunelveli on 25th Day of February 2021.

Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



TAX Invoice



Invoice No. : 33K040Y21P000620	Customer ID : AA0017450615
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001418
Recipient	Supplier
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer Name : A. SAKTHIVEL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Tirunelveli
Address : NO 3/299, SOUTH STREET, MURUGANDIYUR, AVAINADAPERUMAL, ALANGULAM TALUK, TENKASI	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
City : Anaindaperumalnadanur, Tirunelveli, Tamil Nadu-627423	City : TIRUNELVELI
State : Tamil Nadu	State : Tamil Nadu
Pincode : 627423	Pincode : 627 002
Client Category : IND	Place of Supply : 33 - Tamil Nadu

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 * UT/SGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
 Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight 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.

**E. & O.E**

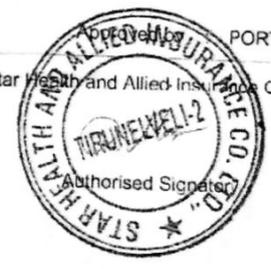
This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

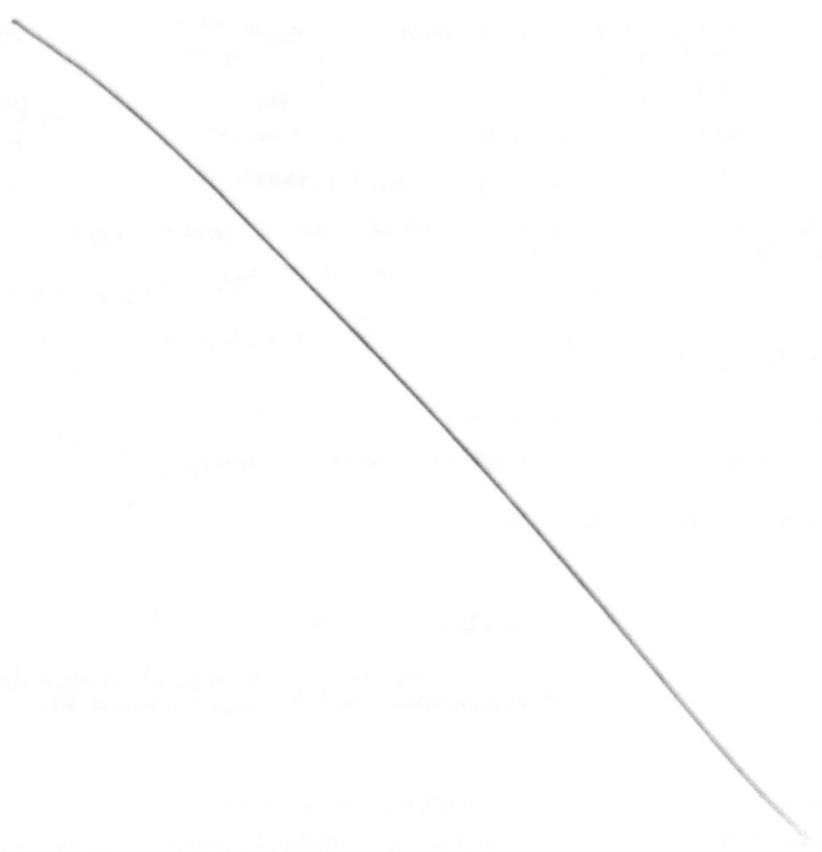
Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL  
 For Star Health and Allied Insurance Company Ltd.



20





# Star Health and Allied Insurance Company Limited

(21)

**ACCIDENT CARE INDIVIDUAL INSURANCE POLICY**  
 Unique Identification No: IRDAI/HLT/SHAI/P-P/V.III/134/2017-18  
 Schedule

Policy No. : P/121400/02/2021/001420	Previous Policy No. :
Customer Code : AA0017450862	GSTIN : 33AAJCS4517L1Z5
Customer Name : A. SAKTHIVEL	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 20519402	Issuing Office Code : 121400
Proposer Name : A. SAKTHIVEL	Issuing Office Name : Branch Office - Tirunelveli
Address : NO 3/299, SOUTH STREET, MURUGANDIYUR, AVAINADAPERUMAL, ALANGULAM TALUK, TENKASI	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
Tel/Mobile : 8489091221/ Email id : sanjeevi433@yahoo.com	Tel/Mobile : 0462 - 4000116 / 4001401 Email id : thirunelveli.ac@starhealth.in
Proposer GSTIN :	Place of Supply :
Date of Inception of first policy : 25-FEB-2021	Fulfiller Code : SH21402
Renewal Year : NEW	Intermediary Code : BA0000016942
Collection Number : 1040008157	Name : A.SUBRAMANIAN
Collection Date : 25/02/2021	Phone : 9842178712/9842178712
Premium : Rs.850/-	Email id : veerailicmani@yahoo.co.in
CGST @9% : Rs.59/- SGST / UTGST @9% : Rs.59/-	
Stamp Duty Rs. 25/- Total Premium : Rs. 788/-	
Total Premium in Words : Indian Rupees Seven Hundred Sixty Eight Only	
Period of Insurance : From 25/02/2021 18:18 To Midnight Of 24/02/2022	
Total Sum Insured : Rs. 500000/-	
In words : Rupees Five Lakhs Only	

**Insured Details :**

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	A. SAKTHIVEL	M	25/03/1991	29	SELF	OTHERS	Risk Group II	0	0	25-FEB-21

Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL  
 For Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129  
 Corporate Identity Number U66010TN2005PLC056649  
 Email ID : info@starhealth.in





# Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No: P/121400/02/2021/001420

### Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	A. SAKTHIVEL	0	500000	0	500000	No	No	No	No

### Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	MARUTHAKANI	Spouse	26	100			

### Sector Classification

Rural

Please check whether the details given by you about the insured persons 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(s) given in the policy schedule are deemed to have been accepted by you.

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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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, EXCLUSIONS ETC., ATTACHED.**

### Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

**NOTE :** Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti-Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

**CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.423 DATED.19th December 2020**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Tirunelveli on 25th Day of February 2021.

Entered by : PORTAL

Place : TIRUNELVELI

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



23



# Star Health and Allied Insurance Company Limited

## TAX Invoice



Invoice No. : 33K040Y21P000623	Customer ID : AA0017450862
Invoice Date : 25/02/21	Policy No : P/121400/02/2021/001420
Recipient :	Supplier :
GSTIN :	GSTIN : 33AAJCS4517L1Z5
Proposer Name : A. SAKTHIVEL	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Tirunelveli
Address : NO 3/299, SOUTH STREET, MURUGANDIYUR, AVAINADAPERUMAL, ALANGULAM TALUK, TENKASI	Issuing Office Address : NO:10 B/1K, First Floor, Trivandrum road, (Opp:RMKV Silks) Vannarpettai - Tirunelveli-627 002
City : Anaindaperumalnadanur, Tirunelveli, Tamil Nadu-627423	City : TIRUNELVELI
State : Tamil Nadu	State : Tamil Nadu
Pincode : 027423	Pincode : 627 002
Client Category : IND	Place of Supply : 33 - Tamil Nadu

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	650	0	650		59	59		Rs. 768

Total Invoice Value (in Figures) : Rs. 768  
 Total Invoice Value (in Words) : Rupees: Seven hundred sixty-eight 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.

### E. & O E

This is a digitally signed document and hence no physical signature is required

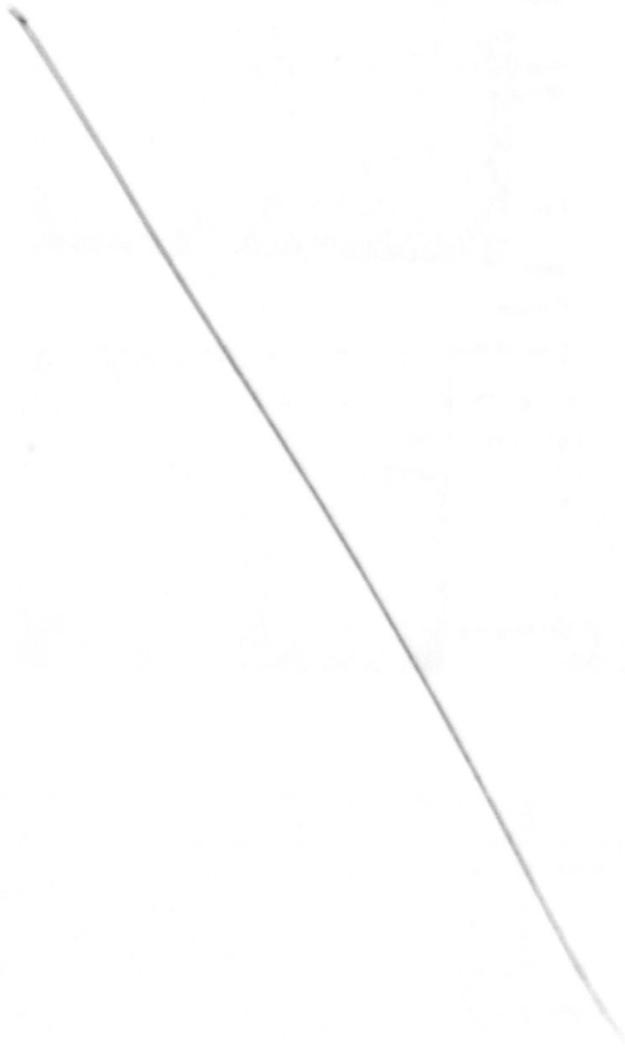
IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PORTAL  
 Place : TIRUNELVELI

Approved by : PORTAL  
 For Star Health and Allied Insurance Company Ltd.



(24)





**N. MOHAMED MAHABOOB ROUGH STONE JELLY AND GRAVEL QUARRY, SURVEY NOS. 434/4C, 4E, 4F, 4G, 4H, 4I, 4J, 470/1, 471/2, 471/3, 472/1B & 472/1C, A.P. NADANOOR VILLAGE, ALANGULAM TALUK, TENKASI DISTRICT**

**BLOCK : 1**



**WEST**



**WEST**



**ENTRANCE**



**ENTRANCE**

**N. MOHAMED MAHABOOB ROUGH STONE JELLY AND GRAVEL  
QUARRY, SURVEY NOS. 434/4C, 4E, 4F, 4G, 4H, 4I, 4J, 470/1, 471/2,  
471/3, 472/1B & 472/1C, A.P. NADANNOOR VILLAGE, ALANGULAM  
TALUK, TENKASI DISTRICT**

**BLOCK : 1**



**SOUTH**



**EAST**



**NORTH**

**N. MOHAMED MAHABOOB ROUGH STONE JELLY AND GRAVEL QUARRY, SURVEY NOS. 434/4C, 4E, 4F, 4G, 4H, 4I, 4J, 470/1, 471/2, 471/3, 472/1B & 472/1C, A.P. NADANNOOR VILLAGE, ALANGULAM TALUK, TENKASI DISTRICT**

**BLOCK : 2**



**WEST**



**EAST**



**NORTH**



**SOUTH**

5

**BEFORE THE HON'BLE  
NATIONAL GREEN TRIBUNAL  
(SZ)  
CHENNAI**

**OA NO.104 OF 2021**

RAMSINGH

**...APPLICANT**

**VS**

STATE ENVIRONMENT IMPACT  
ASSESSMENT AUTHORITY AND  
7 OTHERS.

**....RESPONDENTS**

**7<sup>TH</sup> RESPONDENT REPLY TO THE  
OBJECTIONS FILED BY THE  
APPLICANT**

**M/s. S.V. VIJAY PRASHANTH M.L  
S.V.BANUPRIYA  
N.NAJUMUNISHA  
A.S.SHANMUGA RAJAN  
COUNSEL FOR THE 7<sup>TH</sup> RESPONDENT  
8825510662  
advshan3373@gmail.com**