

**Hospitalization**

**Benefit Policy**

**Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986**

**Policy No**

**:**

P/700120/04/2019/000825

**Type of Policy :**

MEDI CLASS INSURANCE

**Issue Office**

**:**

700120

-

Telesales

-

Hyderabad

**Address**

**:**

I.t.varam

Pullalacheruvu (M)

Prakasam

Dist,

Pincode

–

523326.

**Tel / Fax**

**:**

9052066172

**Email**

**:**

Anji.reddy72@

gmail.com

This is to certify

that Mr.

Panthangi

Panthangi

AnjiReddy

has paid Rs 24520 (Total

Premium:

Indian Rupees Twenty Four

Thousand Five Hundred Twenty Only) towards Premium for Hospitalization Insurance vide Policy No:

P/700120

/04/2019/000865

for the Period 14/04

/201

9

t

o 13/04/2020 renewed on 10

-

APR

-

19

.

Payment received by Cheque/Credit/

Debit

Card vide Receipt No:

1262802656.

Receipt Date: 10

-

APR

-

19

Note:

-

This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation

of the Policy or any alteration in the Insurance affecting the

Premium.

**For and On behalf of**

**Date :**

04

16

/

/201

9

**STAR HEALTH AND ALLIED INSURANCE CO LTD,**

**Place : Hyderabad**

**IRDA Regn. No**

**145**

**Authorized**

**signatory.**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : info@starhealth.in**