

**Hospitalization**

**Benefit Policy**

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

**Policy No**

**:**

P/700120/04/2018/000364

**Type of Policy:**

MEDI CLASS INSURANCE

**Issue Office**

**:**

700120

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Telesales

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Hyderabad

**Address**

**:**

D.No.8-57-12

Adarshanagar, Tagarapuvalasa

Visakhapatnam

Pincode

–

531162.

**Tel / Fax**

**:**

7658913222

**Email**

**:**

kanakabalaji@

gmail.com

This is to certify

that Mr.

Merugu Seshu Kiran

has paid Rs 46620(Total

Premium:

Indian Rupees Forty Six

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

P/700120

/04/2018/000364

for the Period 12/04

/201

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t

o 11/04/2020 renewed on 04

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APR

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19

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Payment received by Cheque/Credit/

Debit

Card vide Receipt No:

1263602326.

Receipt Date: 04

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APR

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19

Note:

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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

04

/

/201

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

**Place : Hyderabad**

**IRDA Regn. No**

**145**

**Authorized**

**signatory.**

**Corporate Identity Number U66010TN2005PLC056649**

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