

**Hospitalization**

**Benefit Policy**

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

**Policy No**

**:**

P/700120/04/2019/000435

**Type of Policy :**

MEDI CLASS INSURANCE

**Issue Office**

**:**

700120

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Telesales

-

Hyderabad

**Address**

**:**

D.No.5-35

Bheemili (M)

Visakhap

atnam

Pincode

–

531163.

**Tel / Fax**

**:**

7981094863

**Email**

**:**

madhupaluri@

gmail.com

This is to certify

that Mr.

Panthangi

Madhu

Paluri

has paid Rs 38420 (Total

Premium:

Indian Rupees Thirty Eight

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

P/700120

/04/2019/000435

for the Period 21/04

/202

0

t

o 20/04/2021 renewed on 18

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APR

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20

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Payment received by Cheque/Credit/

Debit

Card vide Receipt No:

1263602656.

Receipt Date: 18

-

APR

-

20

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

18

/

/202

0

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

**Place : Hyderabad**

**IRDA Regn. No**

**145**

**Authorized**

**signatory.**

**Corporate Identity Number U66010TN2005PLC056649**

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