



[PRODUCT NAME]

Policy No: [Policy Number] | Date: [DATE OF PURCHASE] | Place: Mumbai

This is to certify that [CUSTOMER NAME] paid ₹ [TOTAL PAYABLE] towards [PRODUCT NAME] on [DATE OF PURCHASE] Valid till [DATE OF EXPIRY]

Policy Issuing Office	HealthAssure Pvt. Ltd. 7 Excom House, 1st Floor, North Wing, Saki Vihar Rd, Saki Naka, Andheri, Maharashtra 400072
Policy Number	[Policy Number]
Plan Name	[PRODUCT NAME]
Purchased by	[Customer name, phone number, address]
Date of Purchase	[DATE OF PURCHASE]
Expiry Date	[DATE OF EXPIRY]

Member Details

[MemberDetails]

Member Name	Date of Birth	Gender	Relationship	Phone Number	Email Id	Address
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Benefits Details

[BenifitDetails]

Benefit Name	Benefit Details/Quantity
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Purchase Summary :

Net Payable	[PlanAmount]
CGST (9%)	[PlanAmountWithCGGST]
SGST / UTGST (9%)	[PlanAmountWithSGGST]
IGST (18%)	-
Total Payable	[PlanAmountWithGST]

GST Registration No.: 27AACCH7594M1ZV

In case of a grievance, You can contact Us with the details through-
Website: www.healthassure.in | **Email:** support@healthassure.in | **Toll Free:** +91-22-6167-6633

Registered Office Address:
1st Floor, Excom House, North Wing, 7 Saki-vihar Road, Sakinaka, Andheri(E), Mumbai-400 072