

[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]



[CUSTOMER NAME]



₹

[TOTAL PAYABLE]

[PRODUCT NAME]

|  |  |
| --- | --- |
| 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



Benefits Details

[BenifitDetails]

Benefit Name Benefit Details/Quantity



Purchase Summary :

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

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GST Registration No.:

In case of a grievance, You can contact Us with the details through-

[www.healthassure.in](https://healthassure.in/) | Email: [support@healthassure.in](mailto:support@healthassure.in) | =91-22-6167-6633



Website:

Email:

Toll Free:



Registered Office Address:

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