

Premium Receipt

Dear MR. AMOL AJIT MANE
PLOT NO 89-90 ,KSF HOUSING COMPLEX NEW PALACE AREA
RAMANMALA
KOLHAPUR
MAHARASHTRA - 416003

We acknowledge the receipt of payment towards the premium of the following health insurance policy:

Policyholder Name	Mr. Amol Ajit Mane			Policy Number	32872427202200		
Product Name	ReAssure	Plan Opted	Family Floater	Base Sum Insured	10,00,000		
Policy Commencement Date#	04/12/2022			Policy Expiry Date	03/12/2024		
Premium Calculation:							
(A) Premium (Rs.) - Base Produ	ıct	34,198.00					
(B) Premium (Rs.) - Personal Ad	ccident Cover	0.00					
(C) Premium (Rs.) - Safeguard		0.00					
(D) Premium (Rs.) - Hospital Ca	sh	0.00					
Underwriting Loading (Rs.)		0.00					
Total Discount (Rs.)		0.00					
Net Premium / Taxable value (Rs.)	34,198.00					
Integrated Goods and Service Tax (18.00 %)				6,155.64			
Central Goods and Service Tax	(0.00 %)	0.00					
State/UT Goods and Service Ta	x (0.00 %)	0.00					
Gross Premium (Rs.)			40,354.00				

^{*}Issuance of policy is subject to clearance of premium paid

Details of persons Insured:

Name of Person Insured	Age	Gender	Relationship**
Mr. Amol Ajit Mane	36	Male	Applicant
Mrs. Smita Amol Mane	29	Female	Spouse
Mr. Ayan Amol Mane	2	Male	Son
Ms. Advika Amol Mane	5	Female	Daughter

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D, the benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

You may get tax benefits up to Rs. 40,354.00.subject to maximum permissible limits applicable under Income Tax Act 1961 as modified from time to time. For more details, kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 as modified and consult your tax consultant.



GSTI No.: 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services	
Niva Bupa State Code: 9	Customer State Code / Customer GSTI No.: 27 /NA	

Policy issuing office: Delhi, Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi.

Location: New Delhi Date: 09/12/2022 $\label{lem:condition} \mbox{Director - Operations \& Customer Service} \\ \mbox{For and on behalf of Niva Bupa Health Insurance Company Limited} \\$

(formerly known as Max Bupa Health Insurance Co. Ltd.)