

Star Health And Allied Insurance Company Limited

Hospitalisation Benefit Policy

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

2019

Issue Office: 111116-Branch Office - Kodambakkam

Address : No.36

Kalpalathika Towers 1st Floor Dr. Ambedkar Road, Kodambakkam

Chennai Tamil Nadu 600024

Tel / Fax : 044-49064103/044-49064104/044-49064105

Email: chennai.kodambakkam@starhealth.in

This is to certify that Karunanithi P has paid Rs 18,998/- (Total Premium: Indian Rupees Eighteen thousand nine hundred ninety eight only) towards Premium for Hospitalization Insurance vide Policy No: 11230025316202 for the Period 05-Apr-2024 To 04-Apr-2025 issued on 04-Apr-2024.

Payment received by Payment Gateway vide Receipt No: 111116/RV/2025/0120614591/1 Receipt Date: 04-Apr-2024

Note :-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.

Date : 04-Apr-2024 For and on behalf of

Place: Branch Office - Kodambakkam Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Email ID: info@starhealth.in

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

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