

Hospitalisation Benefit Policy

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

Policy No : P/700013/01/2020/008026
Issue Office : 130000-Zonal Office - Hyderabad
Address : 1-8-167 to 179/2/C, 3rd Floor,
Usha kiran complex,S.D. Road,
Secunderabad - 500003
Tel / Fax : 040-66882009 /
Email : telesales.hyderabad@starhealth.in

Type of Policy : Family Health Optima Insurance
- 2017

This is to certify that MAGANTI PURNA VENKATA PAVAN has paid Rs 7227(Total Premium : Indian Rupees Seven Thousand Two Hundred Twenty-Seven Only) towards Premium for Hospitalization Insurance vide Policy No: P/700013/01/2020/008026 for the Period 13/01/2020 To 12/01/2021 issued on 11-JAN-20.Payment received by Cheque/Credit/Debit Card vide Receipt No: 1171008523 Receipt Date: 11-JAN-20

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 : 11/01/2020

Place :

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

For and On behalf of

Star Health and Allied Insurance Company Ltd



Authorised signatory.