

Ref No.: GEN/WEL/SG/0008.3/3765055600

Date: 04/10/2023

To,  
Mr. Kiran Babubhai Vaghela  
C-35/510, KRASHNANAGAR G.H.B NARODA, AHMEDABAD  
Ahmedabad - 382345  
District: AHMEDABAD  
GUJARAT, India  
Contact Details 7600019909



Policy number: 3765055600

Subject: Risk assumption for Kotak Health Premier - Edge

Dear Mr. Kiran Babubhai Vaghela,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Health Premier.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneral.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at [care@kotak.com](mailto:care@kotak.com) within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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**Kotak Health Premier**

For any assistance please call 1800 266 4545, please save the number for your reference  
FOR RENEWALS: Visit [www.kotakgeneral.com](http://www.kotakgeneral.com) Call 1800 266 4545

**POLICY SCHEDULE**

**DETAILS OF POLICY HOLDER**

Policy No: 3765055600	Policy Type: New	Previous Policy No. NA
Policy Issued At: 502-503, 5Th Floor, Rembrandt Bulding Opp Associated Petrol Pump,C.G.Road Ellis Bridge,Ahmedabad Ahmedabad Gujarat 380006.		Issuance Date: 04/10/2023
Name of the Proposer / Policyholder: Mr. Kiran Babubhai Vaghela		
GSTIN:		
Correspondence address of the Policy Holder: C-35/510, KRASHNANAGAR G.H.B NARODA, AHMEDABAD Ahmedabad - 382345 District: AHMEDABAD GUJARAT(24), India		
Place of Supply: GUJARAT	Supply State Code: 24	
Contact Details of the Policy Holder:		
Mobile No. 7600019909	Email: KIRANVAGHELA0521@GMAIL.COM	

**DETAILS OF POLICY**

Plan Name: Edge	Policy Category: Floater Basis
Policy Period: <b>From: Time: 11:32 Date: 04/10/2023 To: Midnight of 03/10/2025</b>	
Policy Tenure: 2	
Instalment Option: No	Instalment Frequency: NA
Zone: Zone I	

**INTERMEDIARY DETAILS**

Intermediary Code	Intermediary Name	Intermediary Contact No	Intermediary email id
1563892613	KMBL_2613_NARODA GIDC_AHMEDABAD_BRANCH BANKING_051		NOEMAIL@KOTAK.COM

**PREMIUM DETAIL**

Base Premium	Loading / Discount Premium	Taxable value of Services	CGST @ 9%	SGST @ 9%	Total Premium
55,110.00	-14,797.03	40,312.97	3,628.17	3,628.17	47,569.00

**DETAILS OF THE INSURED PERSON(S) UNDER POLICY**

Name of the Insured	Relationship with the Policy Holder	Date of Birth DD/MM/YYYY	Age	Date of Joining DD/MM/YYYY	Gender	Pre - existing Condition	Base Sum Insured (₹)	Cumulative Bonus (₹)	Inflation Protect Sum Insured (₹)	Super NCB Sum Insured (₹)	Pre-existing disease waiting period
KIRAN BABUBHAI VAGHELA	Self	05/12/1982	40	04/10/2023	Male		500000	0	NA	0	36 Months
RAMILABEN KIRANKUMAR VAGHELA	Wife	28/08/1980	43	04/10/2023	Female						36 Months
VAGHELA YESH KIRANBHAI	Son	01/11/2008	14	04/10/2023	Male						36 Months
VAGHELA JAYNISH KIRANKUMAR	Son	06/09/2014	9	04/10/2023	Male						36 Months

**NOMINEE DETAILS**

Nominee Detail				
Member Name	Nominee Name	Nominee DOB	Relationship of the Nominee and Policy Holder	Nominee Contribution %
Kiran Babubhai Vaghela	Ramilaben Vaghela	28/08/1980	Spouse	100
Ramilaben Kirankumar Vaghela	Kiran Vaghela	05/12/1982	Husband	100
Vaghela Yesh Kiranbhai	Kiran Vaghela	05/12/1982	Father	100
Vaghela Jaynish Kirankumar	Kiran Vaghela	05/12/1982	Father	100

## DETAILS OF COVERS UNDER THE POLICY

Sr. No.	Cover Name	Amount
2.1	In Patient Treatment	Upto Base Sum Insured
2.2	Day Care Treatment	405 Named Day-care Surgeries & Procedures
2.3	Pre Hospitalisation	60 days
2.3	Post Hospitalisation	90 days
2.4	Ambulance Cover	Upto INR 20000 per year
2.5	Organ Donor Cover	Upto Base Sum Insured
2.6	Alternative Treatment	Upto Base Sum Insured
2.7	Domiciliary Hospitalisation	Upto Base Sum Insured
2.8	Annual Health Checkup	For each Insured Person above 18 years of Age, each Policy Year for specified tests
2.9	Restoration Benefit	Additional Sum Insured equivalent to Base Sum Insured
2.10	Cumulative Bonus	10% of the Base Sum Insured, upto a maximum of 100% for each claim free year; No reduction in case of claim
2.13	Value Added Benefits	VA2
2.14	Hospital Daily Cash	INR 1000 per day for minimum 3 days of hospitalization subject to maximum of 10 days
2.15	Convalescence Benefit	INR 15,000 (minimum hospitalisation of 10 days)
2.16	Home Nursing Benefit	Upto INR 3,000 per day for a maximum of 15 days after completion of number of days under Post hospitalisation cover for the medical services of a nurse at your residence
2.17	Daily Cash for Accompanying Insured Child	₹ 1000 per day for minimum 3 days of hospitalization subject to maximum of 10 days
2.26	Second e opinion	Available

## IN THE EVENT OF CLAIM

### Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@kotak.com

### Please send the relevant documents to:

Family Health Plan (TPA) Limited.,  
Gr Fl , Srinilaya-Cyber Spazio,Rood No 2, Banjara Hills,HYDERABAD TS,TELANGANA - 500034

## DISCLAIMER

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneral.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

## TAX DETAILS

GST Registration No.	24AFC7016C1ZZ	Category	: General Insurance Services
SAC Code	997133	Description	Health insurance services
Invoice Number	3765055600		

## DECLARATION

Stamp Duty of ₹ 50.00 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/CSD/528/2022/2021/Validity Period Dt. 21/11/2022 To Dt. 31/12/2023 (O/w.No. 4882)/Date: 16/11/2022).

In Witness whereof this Policy has been signed for and behalf of 502-503, 5Th Floor, Rembrandt Bulding Opp Associated Petrol Pump,C.G.Road Ellis Bridge,Ahmedabad Ahmedabad Gujarat 380006. at Mumbai this 04 day of October of 2023

For Kotak Mahindra General Insurance Company Limited



### Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.

### Premium Certificate

For the purpose of Deduction under section 80D of the Income Tax Act, 1961 (as amended from time to time).

Note - Applicable only for premium paid towards Health Section/s under the Policy.

To

Mr. Kiran Babubhai Vaghela

This is to certify that the company has received the premium of ₹ 47,569.00 for Health insurance coverage under the policy no. 3765055600 vide PAYMENT AGGREGATOR dated 04-10-2023.

The product is eligible for deduction u/s 80D of the Income Tax Act, 1961 and any amendments made thereto subject to satisfaction of the conditions mentioned therein.

Deduction under Section 80 D

A) Lumpsum Benefit:

Financial Year	Annual Lumpsum premium allowed for Deduction under Section 80D
2023-24	47,569.00

OR

B) Year wise proportionate Benefit/Deduction:

Financial Year	Year wise proportionate premium allowed for Deduction under Section 80D
2023-24	23,784.50
2024-25	23,784.50

For Kotak Mahindra General Insurance Company Limited



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.

#### \*Note

- This is subject to the provisions of Section 80D of Income Tax Act, 1961 and amendments made thereof.
- The year wise deductions mentioned above are as per provisions of Section 80D and this would be subject to the specified annual provisions as applicable for respective years as per the Income Tax Act.
- Only one option for deduction under Section 80D (i.e. either A or B above) can be availed by the Proposer/Policyholder as per the provisions of the Income Tax Act, 1961.
- Tax benefits are as per the Income Tax Act, 1961 as amended from time to time. Please consult your Tax advisor for details.
- Details of the Policy are as per the Part II and III of this Policy.
- This certificate must be surrendered to Us in case of cancellation of the Policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder.
- In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website [www.kotakgeneral.com](http://www.kotakgeneral.com)
- The deduction under Section 80D is not applicable for payments made in cash and third party payments.

**Kotak Health Premier****POLICY NUMBER**  
3765055600**MEMBER ID**  
1037376537**NAME**  
Mr. Kiran Babubhai Vaghela**AGE/GENDER**  
40/M**VALID TILL**  
03/10/2025

1. This card is not transferrable.
2. Use of this card is governed by the terms and conditions of the policy.
3. To avail cashless services, please present a valid photo ID proof along with this card.  
To Speed up the claims process, please reach out to us 3 days prior to planned admissions. In case of emergencies, kindly contact within 48 hours.

**Service Provider- Family Health Plan (TPA) Limited****Email:** care@kotak.com  
**Website:** www.kotakgeneral.com  
**Toll Free:** 1800 266 4545

If found, please return to:  
**Kotak Mahindra General Insurance Company Limited**  
8th Floor, Zone IV, Kotak Infinity, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097.  
CIN:CU66000MH2014PLC260291 IRDAI Reg. No. 152

**Kotak Health Premier****POLICY NUMBER**  
3765055600**MEMBER ID**  
1037376540**NAME**  
Mr. Vaghela Jaynish Kirankumar**AGE/GENDER**  
9/M**VALID TILL**  
03/10/2025

1. This card is not transferrable.
2. Use of this card is governed by the terms and conditions of the policy.
3. To avail cashless services, please present a valid photo ID proof along with this card.  
To Speed up the claims process, please reach out to us 3 days prior to planned admissions. In case of emergencies, kindly contact within 48 hours.

**Service Provider- Family Health Plan (TPA) Limited****Email:** care@kotak.com  
**Website:** www.kotakgeneral.com  
**Toll Free:** 1800 266 4545

If found, please return to:  
**Kotak Mahindra General Insurance Company Limited**  
8th Floor, Zone IV, Kotak Infinity, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097.  
CIN:CU66000MH2014PLC260291 IRDAI Reg. No. 152

**Kotak Health Premier****POLICY NUMBER**  
3765055600**MEMBER ID**  
1037376539**NAME**  
Mr. Vaghela Yesh Kiranbhai**AGE/GENDER**  
14/M**VALID TILL**  
03/10/2025

1. This card is not transferrable.
2. Use of this card is governed by the terms and conditions of the policy.
3. To avail cashless services, please present a valid photo ID proof along with this card.  
To Speed up the claims process, please reach out to us 3 days prior to planned admissions. In case of emergencies, kindly contact within 48 hours.

**Service Provider- Family Health Plan (TPA) Limited****Email:** care@kotak.com  
**Website:** www.kotakgeneral.com  
**Toll Free:** 1800 266 4545

If found, please return to:  
**Kotak Mahindra General Insurance Company Limited**  
8th Floor, Zone IV, Kotak Infinity, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097.  
CIN:CU66000MH2014PLC260291 IRDAI Reg. No. 152

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**Kotak Health Premier****POLICY NUMBER**

3765055600

**MEMBER ID**

1037376538

**NAME**

Mrs. Ramilaben Kirankumar Vaghela

**AGE/GENDER**

43/F

**VALID TILL**

03/10/2025



1. This card is not transferrable.
2. Use of this card is governed by the terms and conditions of the policy.
3. To avail cashless services, please present a valid photo ID proof along with this card.  
To Speed up the claims process, please reach out to us 3 days prior to planned admissions. In case of emergencies, kindly contact within 48 hours.

**Service Provider- Family Health Plan (TPA) Limited****Email:** care@kotak.com**Website:** www.kotakgeneral.com**Toll Free:** 1800 266 4545

If found, please return to:

**Kotak Mahindra General Insurance Company Limited**

8th Floor, Zone IV, Kotak Infinity, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097.

CIN:CU66000MH2014PLC260291 IRDAI Reg. No. 152

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### Transcript of Online Proposal - Kotak Health Premier

#### POLICY AND PREMIUM SUMMARY

<b>Proposal No:</b> 202310040045236	<b>Total Premium:</b> 47,569.00
<b>Type of Cover:</b> Family Floater	<b>Plan:</b> Edge
<b>Policy Start Date:</b> 04/10/2023	<b>Policy End Date:</b> 03/10/2025
<b>Policy Period:</b> 2 Year(s)	<b>Total Members:</b> 4
<b>No. of adults:</b> 2	<b>No. of children:</b> 2
<b>Sum Insured:</b> 5,00,000	<b>Installment Option:</b> No
<b>Installment Frequency:</b>	

#### PROPOSER INFORMATION

<b>Name:</b> Mr. Kiran Babubhai Vaghela	<b>Date of Birth:</b> 05/12/1982
<b>Gender:</b> Male	<b>Address:</b> C-35/510, KRASHNANAGAR G.H.B NARODA, AHMEDABAD Ahmedabad - 382345 District: AHMEDABAD GUJARAT, India
<b>Mobile:</b> 7600019909	<b>Email:</b> KIRANVAGHELA0521@GMAIL.COM
<b>Occupation:</b> Others	<b>Kotak Group Employee :</b> No
<b>PAN:</b> AGUPV1863A	<b>GSTIN:</b>

#### INSURED MEMBER INFORMATION

Insured Person Details							
Name	Relation with the Proposer	Gender	Date of Birth	Height (in cm)	Weight (in kg)	Occupation	Marital Status
Mr. Kiran Babubhai Vaghela	Self	Male	05/12/1982	168	65	Business	Married
Mrs. Ramilaben Kirankumar Vaghela	Wife	Female	28/08/1980	160	60	Housewife	Married
Mr. Vaghela Yesh Kiranbhai	Son	Male	01/11/2008	156	45	Student	Single
Mr. Vaghela Jaynish Kirankumar	Son	Male	06/09/2014	55	25	Student	Single

Nominee Details			
Nominee Name	Nominee DOB	Relationship of the Nominee and Policy Holder	Apointee Details
Ramilaben Vaghela	28/08/1980	Spouse	
Kiran Vaghela	05/12/1982	Husband	
Kiran Vaghela	05/12/1982	Father	
Kiran Vaghela	05/12/1982	Father	

#### BASIC COVERAGE / DETAILS

Sr. No.	Basic Covers	Amount
1	In Patient Treatment	Upto Base Sum Insured
2	Day Care Treatment	405 Named Day-care Surgeries & Procedures
3	Pre-Hospitalization Medical Expenses	60 days
3	Post-Hospitalization Medical Expenses	90 days
4	Ambulance Cover	Upto INR 20000 per year
5	Organ Donor Cover	Upto Base Sum Insured
6	Alternative Treatment	Upto Base Sum Insured
7	Domiciliary Hospitalisation	Upto Base Sum Insured
8	Annual Health Checkup	For each Insured Person above 18 years of Age, each Policy Year for specified tests
9	Restoration Benefit	Additional Sum Insured equivalent to Base Sum Insured

Kotak Mahindra General Insurance Company Limited

CIN: U66000MH2014PLC260291, Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India.

Office: 8th Floor, Zone IV, Kotak Infinity, Building No.21, Infinity IT Park, Off Western Express Highway, General AK Vaidya Marg, Dindoshi, Malad(E), Mumbai - 400097. India.

Toll Free: 1800 266 4545 Email: care@kotak.com Website: www.kotakgeneral.com IRDAI Reg. No. 152

10	Cumulative Bonus	10% of the Base Sum Insured, upto a maximum of 100% for each claim free year; No reduction in case of claim
11	Second e opinion	Available
13	Value Added Benefits	VA2
14	Hospital Daily Cash	INR 1000 per day for minimum 3 days of hospitalization subject to maximum of 10 days
15	Convalescence Benefit	INR 15,000 (minimum hospitalisation of 10 days)
16	Home Nursing Benefit	Upto INR 3,000 per day for a maximum of 15 days after completion of number of days under Post hospitalisation cover for the medical services of a nurse at your residence
17	Daily Cash for Accompanying Insured Child	₹ 1000 per day for minimum 3 days of hospitalization subject to maximum of 10 days
26	Pre Existing Disease waiting Period	36 Months

For Pre-existing disease, waiting period of 36 Months is applicable

## HEALTH STATUS ( TO BE ANSWERED BY INDIVIDUAL APPLICANT(S))

Symptoms / Disorders	Self	Spouse	Dependent Son 1	Dependent Son 2
Are you currently in good mental and physical health	Yes	Yes	Yes	Yes
Are you currently suffering or previously suffered from any illness and on continuous medication for same	No	No	No	No
Name the medication and duration since on treatment	No	No	No	No
Diabetes Mellitus: If Yes provide duration ,type I or II and name of medication	No	No	No	No
High BP, Cholesterol: If Yes since when and medication being taken	No	No	No	No
Have you undergone any medical test or health checkup in the past 6 month if yes then please mention if any abnormal result detected	No	No	No	No
Any hospitalization in the past 12 months Yes / No	No	No	No	No
Period of Hospitalization	No	No	No	No
Infections / Allergies	No	No	No	No
HIV / AIDs	No	No	No	No
Cancer / Tumor / Cyst	No	No	No	No
Nutritional / Endocrinal disorders / Diabetes	No	No	No	No
Mental psychiatric Disorders	No	No	No	No
Nervous system Disorders	No	No	No	No
Disorders of the Eyes / Ears / Nose / throat/	No	No	No	No
Disorders of the circulatory system / Heart Disease/ hypertension	No	No	No	No
Respiratory Infections and Diseases, Asthma	No	No	No	No
Bones and Joints, Spondylitis / arthritis etc.	No	No	No	No
Diseases of Stomach, Intestines, liver, appendix	No	No	No	No
Kidney and urinary system	No	No	No	No
Pregnant / Gynaecological Disorders / any disorder of Prostrate	No	No	No	No
Birth Defects	No	No	No	No
Accidents / burns	No	No	No	No
Year of Accident	No	No	No	No
Accident resulting in to deformity or disability hampering mobility	No	No	No	No
Smoking / Tobacco consumption	No	No	No	No
If Yes, Duration and Quantity per day	No	No	No	No
Alcohol consumption	No	No	No	No
If Yes, Duration and Quantity	No	No	No	No
Have you or any person proposed to be insured under the policy has been refused insurance cover by any insurance company or being accepted on special terms?	No	No	No	No
Any other illness/ Injury details	No	No	No	No

## PAYMENT DETAILS

Payment Mode: PAYMENT AGGREGATOR  
 Payment Reference No: 18263567335  
 Payment Amount: 47,569.00  
 Payment/Transaction Date: 04/10/2023  
 Bank Details:

**DECLARATION**

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

I/We further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

\*Place: Mumbai

\*Date: 05/10/2023

**STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)**

1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Pls note:

- This is a transcript of the details provided by you and is basis of underwriting the policy. Request you to review the complete information & come back to us within 15 days of issuance of this document in case there is any discrepancy found.
- Issuance of policy is subject to receipt of premium, in case the premium is not received, the policy shall be void ab-initio.
- The policy is issued basis the details provided by you. In case of any non-disclosure, the policy is liable to be cancelled.
- The policy is subject to the underwriting guidelines of the Company
- Based on your health declaration(s), you are likely to be contacted by Kotak General Insurance for additional documents and a pre-policy medical check-up, if applicable.
- Analysis of your medical reports will be done before issuing a policy.
- Kindly note that we cannot issue a policy until the prescribed formalities are completed, inspite of having received your payment.
- In case of refund of premium, the same would be given in the account/card from which the premium was received.
- Online premium payment should be made by the policyholder himself. No third party payment should be made using this mode of payment
- This document has to be read in conjunction with the policy document

## TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
<b>GSTIN/UIN</b>		<b>Name :</b>	Kotak Mahindra General Insurance Company Limited
<b>Customer ID</b>	1012989159	<b>GSTIN :</b>	24AAFCK7016C1ZZ
<b>Customer Name</b>	MR. KIRAN BABUBHAI VAGHELA	<b>Pan Number :</b>	AAFCK7016C
<b>Email ID</b>	KIRANVAGHELA0521@GMAIL.COM	<b>CIN:</b>	U66000MH2014PLC260291
<b>Contact No</b>	7600019909	<b>Address:</b>	502-503, 5Th Floor, Rembrandt BuildingOpp Associated Petrol Pump,C.G.RoadEllis Bridge,AhmedabadAhmedabad Gujarat 380006.
<b>Address</b>	C-35/510, KRASHNANAGAR G.H.B NARODA, AHMEDABAD, AHMEDABAD, 382345, GUJARAT, India	<b>Date of Invoice</b>	04/10/2023
<b>IMD Code</b>	1563892613	<b>Invoice No</b>	3765055600
<b>Receipt No</b>	1202400826580	<b>Proposal No</b>	202310040045236
		<b>Partner Application No</b>	QHPWJ007901
<b>State Code</b>	24	<b>State Code:</b>	24
<b>Place Of Supply Name</b>	GUJARAT - 24	<b>State Name</b>	GUJARAT
		<b>IRN</b>	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Health insurance services	997133	40312.97	40312.97	9%	3,628.17	9%	3,628.17
<b>Total</b>		40312.97	40312.97		3628.17		3628.17
<b>Total Invoice Value (In Figure)</b>	47,569.00						
<b>Total Invoice Value (In Words)</b>	Forty Seven Thousand Five Hundred Sixty Nine						
<b>Whether Tax Payable on a Reverse Basis or Not</b>		No					

For : Kotak Mahindra General Insurance Company Limited



Authorized Signatory

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."