

## Star Health and Allied Insurance Company Limited

## **Tax Certificate**

То

**Customer Name** 

Sarika Sandbhor

Address

B-40/6, Gurukrupa CHS, Sector-10

: Sanpada, Near Ryan International School

Navi Mumbai

400705

**Subject:** Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act 1961 and any amendments made thereafter.

## Dear Customer,

This is to certify that the company has received the premium for Health Insurance Coverage under "Health Insurance Policy" with the following details.

Policy Holder's Name :	Sarika Sandbhor	Policy No. :	P/700002/01/2023/053119
Policy Name :	Family Health Optima Insurance Plan	Total Premium:	33988
Policy Start Date :	25/09/2022	Policy End Date :	24/09/2023
Customer GSTIN:	-	Servicing Branch GSTIN :	27AAJCS4517L1ZY
Customer Code :	AA0020848156	Premium Terms :	Installment
Servicing Branch Code & Name :	700002 - Online Business Online Business	Servicing Branch Address :	349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service, Western Express Highway,
			Andheri (E), Mumbai -400069

Receipt Date	Basic Premium	IGST		CGST		SGST		Total Premium
		%	Rs.	%	Rs.	%	Rs.	Total i Terrilani
22-SEP-22	7201	0	0	9	648	9	648	8497

The Product is eligible for deduction us 80D of the Income Tax Act 1961 and any amendments made there to.

Financial Year Amount
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2022-2023	8497

## Note:-

- 1) This certificate must be surrendered to the Insurance Company of insurance of fresh Certificate in case of Cancellation of the Policy or any alternation in the Insurance affecting the Premium.
- 2) This Certificate is reflecting the Premium(s) Receipts cleared at the time of generating this certificate.
- 3) The Liability of any changes in the Premium Receipt's clearing status post generating the certificate shall be upon the policy holder.

Date: 22/09/2022 For and On behalf of

Place: MUMBAI Star Health and Allied Insurance Company Ltd

Q. Mosm

IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in Authorised signatory.