

HEALTHCARE INSURANCE CO. LTD.

Reg. Office: 123 Health Ave, Wellness City - 110012
Contact: +91-12345-67890 | Email: support@healthcareinsure.com
GSTIN: 09ABCDE1234F1Z5

HEALTH INSURANCE PREMIUM RECEIPT

Receipt No:
HR-2024/01589

Date:
04 June 2024

Policy No:
POL/HI/001478952

Insured Name:
Mr. Rahul Sharma

Insured Address:
B-103, Blossom Heights, Near Green Park, Mumbai - 400066

Contact No:
+91-98765-43210

Email ID:
rahul.sharma@gmail.com

Particulars	Sum Insured	Premium Amount (â,¹)	GST (18%)	Total Amount (â,¹)
Health Secure Individual Plan	â,¹ 5,00,000	8,500.00	1,530.00	10,030.00
Total Paid				â,¹ 10,030.00

Payment Mode:
Online Banking

Transaction Ref No:
TXN2891782AB

Policy Period:
04 Jun 2024 to 03 Jun 2025

Issued By:
Prateek Malhotra (Authorised Signatory)

Office Seal:

Important Notes:

- This receipt is a valid proof of payment for your health insurance premium.
- Keep this document safe; it may be required for future claims and income tax benefits.
- The insurance coverage is effective for the policy period mentioned above.
- In case of any discrepancy, please contact customer support immediately.
- Policy terms and conditions apply as per the issued policy document.

Thank you for choosing Healthcare Insurance Co. Ltd.