

**Endorsement Letter**

**Name of Policy Holder** : KRISUMI CORPORATION PRIVATE LIMITED  
**Address of Policy Holder** : 3Rd Floor, Central Plaza Mall Dlf Golf Course Road, Gurgaon  
Sector 53 Haryana 06  
**GSTIN of Policy Holder** : 06AAECV0565A IZR  
**Policy Number** : 48990387  
**Policy Expiry Date** : 05-Nov-2023  
**Endorsement Type** : Addition/Deletion/Change  
**Endorsement Number** : 00029  
**Effective Date** : 01-Jul-2023  
**Date of Issue** : 03-Jul-2023

It is hereby agreed and declared that the policy is amended to incorporate the Addition(s) and Deletion(s) of Insured Person(s) as stated in the Annexure.

In view of above, premium amounting to Rs.111.72 calculated on pro-rata basis as shown below, is hereby charged/refunded to the Policyholder.

Details	Premium (Rs.)
Net Premium	94.68
CGST	8.52
IGST	0.00
SGST	8.52
UGST	0.00
Total Amount	111.72

Subject otherwise to the terms, conditions and exclusions of Policy.

For **Care Health Insurance Limited**



Authorized Signatory

Place of Issue: Gurugram

GSTIN No.: 06AADCR6281N1ZW

Service Branch : CHIL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon , Haryana - 122009 Branch Contact No. : 1800-102-4488

The contract will be cancelled ab intio in case; the consideration under the policy is not realized.

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services

**Care Health Insurance Limited**

Regd. Office: 5<sup>th</sup> Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Vipul Tech Square, Tower C, 3<sup>rd</sup> Floor,

Golf Course Road, Sector-43, Gurugram -122009 (Haryana)

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @



Care Health-  
Customer App



WhatsApp  
8860402452

Self Help Portal:

[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:

[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

**Tax invoice**

Document No	Date
48990387-29	03-Jul-2023

**Name of Supplier:** Care Health Insurance Limited  
**Address of Supplier:** Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road,Gurgaon - 122009-Haryana - 06  
**Supplier GSTIN:** 06AADCR6281N1ZW

**Bill To:**

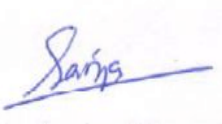
**Name of Recipient:** Krisumi Corporation Private Limited  
**Address of Recipient:** 3Rd Floor, Central Plaza Mall Dlf Golf Course Road, Sector 53 122001 Gurgaon-06  
**Customer GSTIN:** 06AAECV0565A1ZR

Description of Goods/Services	Amount
Personal Accident Insurance Premium	
Transaction Value	94.68
CGST @ 9%	8.52
SGST/UTGST @ 9%	8.52
IGST @ 18%	0.00
<b>Total Value Including Tax</b> Amount in word:-ONE HUNDRED ELEVEN RUPEES AND SEVENTY TWO PAISA	111.72
Place of Supply: Gurgaon-06 Service Accounting Code: 997133	

Whether tax payable under reverse charge: No

**Note:** 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.

For Care Health Insurance Limited



Authorised Signatory

