

IGI Life

PACKAGES LIMITED Outpatient Medical Reimbursement Claim Form

Employee Name: <u>Syeda Henna Babar Ali</u>	Patient's Name: <u>Self</u>	
Group No.: <u>60346</u>	Cert. No.: <u>7</u>	Class No. <u>0001</u>
Contact No.: <u>042-35821483</u>	Email Add: _____	
Bank Name: <u>AB</u>	Bank Account No.: <u>A Ltd.</u>	

S.No	Expense Description	Employee	Spouse	Children
1	Consultation Fee	= 46,000 =		
2	Medicines	/		
3	Diagnostic Tests			
4	Preventive Vaccination			
5	Others			
	Total	= 46,000 =		

AUTHORIZATION

I, the above claimant, hereby authorize any doctor, hospital or any other person who has any record or information about me and / or any of my family members to provide IGI Life with the complete information, including copies of their records with reference to any sickness or accident or any treatment.

Employee's Signature: [Signature]

Date: 27/3/23

Note: Attach all original bills with doctor's prescription & referrals.

Rs. Forty Six thousand only -

IGI Life Insurance Limited
7th Floor, The Forum, Block -9, Khayaban-e-Jami, Clifton, Karachi | Pakistan
Ph: 0092-21-35360040, Fax: 0092-21-35290043, 35290042

IGI

Kindly reimburse this amount to A Ltd.

No: 29073

INVOICE

Date: 27-3-23

Received with thanks from

the sum of Rupees

by

CASH

CHEQUE / VISA

Treatment:

Rs:

4000

No:

Dated:

Syed Hina Bopar Ali
Forty Six thousand only
Prophy + Polish + (2) Night Guards
done

Rahman & Rahman
Dental Surgeons

The receipt is valid subject to the realization of cheque.

176-Y Commercial Area Phase III,

DHA, Lahore. Tel: 042-35724751 Incharge Front Desk



Packages Limited

Employee Reimbursement

Voucher

43719

Employee Details

Syeda Henna Babar Ali - 7

Advisor CPD

Marketing (TDP) - MO Lahore

Grade-M-IV / 35501

Voucher Date : 27 Mar, 2023 ✓

29/506

V-583735

#	Description	Amount
1	Misc Medical Expense Claim	PKR 46,000

Total

PKR 46,000

Finance

Controller of Accounts

oaid
27/3

4/2/24
28/3/222

Recd: 46000/

m. J. K.