

**Deficiency Letter
Without Prejudice**

To

RAVI SONI ,
BALAJI APARTMENT,,
JAIPUR, RAJASTHAN, 302012,
Contact No.-9887164001, 7615044001

Date 20/MAR/2023

Claim No (CCN) RR-HS22-
13489067**Subject : Additional Document Requirement for RR-HS22-13489067 (CCN no)**

Reference Details:

Policy No	2825100269552205	HDFC ERGO ID	ER1703496529-01E
Employee / Proposal Name	RAVI SONI	Employee Code	NA
Patient Name	Ravi Shankar Soni	Policy Validity	19/JAN/2024
Hospital Name	JYOTI NURSING HOME PVT LTD	DOA	11/03/2023
Ailment / Disease	Gastroenteritis and colitis of unspecified origin	DOD	14/03/2023

Dear Sir/Madam

We have received claim documents pertaining to above Captioned Claim.

We have scrutinized the documents and from the information gathered during the course, we observe that following documents / Information necessary for further processing is not provided

1. Duly filled in Claim form with Claimed amount.
2. Provide Original pre-numbered payment Receipt against the final bill submitted.
3. As per the regulatory guidelines, the insured is required to submit KYC (Know Your Customer) details. So kindly provide one of the following documents of Proposer (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the insured carrying name, photograph & address).(ATLEAST LAST 4 DIGITS OF AADHAAR SHOULD BE VISIBLE)
4. Confirm the final diagnosis.

Documents to be sent to below mentioned address:

HDFC ERGO General Insurance Company Ltd.

Stellar IT Park, Tower-1,
5th floor, C-25, Sector-62,
Noida-201301

Please note that the conclusion regarding the eligibility of coverage / admissibility amount can be decided once we have the full set of original documents

Kindly quote the Claim Control Number (CCN) RR-HS22-13489067 for all future correspondence regarding this claim.m



Authorized Signatory