



ERICSON HEALTHCARE PVT. LTD.

An ISO 9001:2008 Certified Organisation

Questionnaire for Insured

(PLEASE ANSWER EACH QUESTION SPECIFICALLY WITHOUT USING "...OR NOT APPLICABLE")

Name/Age	SHRI KRISHAN TRIKHA 82 Yrs.
Claim number	519515

1. What are the complaints presented by you during the admission at Hospital?

Ans. COUGH, LEG SWELLING, WEAKNESS, FEVER

2. Since when you were suffering from the same?

Ans. 3-4 DAYS cough, weakness, swelling.

3. Where were you consulting for the same problem before this admission? Kindly provide a copy of the previous consultation paper?

Ans. NO.

4. Please mention the reason for selecting hospital

Ans. NEARBY FROM HOME

5. Please mention the distance of the hospital from residence.

Ans. 3-4 km.

6. How many days were you admitted in the hospital as in patient?

Ans. 2 DAYS

7. What was the diagnosis made by the treating doctor?

Ans. DOCTOR DECIDE

8. Kindly provide the details:-

Ans. Date and time of admission: 30/12/24 10:30 AM Date and time of discharge \_\_\_\_\_  
Name of the treating doctor with qualification: DR. ANIL KUMAR  
Name of the Family doctor and address: NO.  
Class of accommodation: \_\_\_\_\_ Per day charges \_\_\_\_\_  
Total amount of final bill & Mode of payment: CASHLESS  
Your Occupation :- \_\_\_\_\_ work place address \_\_\_\_\_

9. What was the explanation given by the Doctor for getting admitted in the hospital?

Ans.

Date and Place: SRI GURUDEV HOSPITAL, GGH 31/12/24

Witness name

POHET TARIKH Witness signature

Insured's Name: \_\_\_\_\_

Signature

Insured's



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10. What kind of treatment was given to you in the hospital?

Ans. ICU, OXYGEN, MEDULIZATION, ELBUMIN, TPN ETC.

11. Dear sir, kindly mention whether you treated on OPD / Home care/ day care basis (treatment given in day time and used to home for sleeping purpose during night between DOA and DOD each day)

NO.

12. Are you suffering from any of the following ailment?

Diabetes : Yes / No ☒ No since \_\_\_\_\_ years, on regular treatment.

Hypertension : Yes / No ☒ since \_\_\_\_\_ years, on regular treatment.

Heart Disease : Yes / No ☒ since \_\_\_\_\_ years, on regular treatment.

Kidney disease : Yes / No ☒ since \_\_\_\_\_ years, on regular treatment.

Seizure disorder : Yes / No ☒ since \_\_\_\_\_ years, on regular treatment.

Arthritis : Yes / No ☒ since \_\_\_\_\_ years, on regular treatment.

Other Diseases if any \_\_\_\_\_

13. Who diagnosed you for the above (point no 12) ailment and what treatment were you taking?

NO.

14. Have you ever hospitalized in past for any complaints, Please provide papers of the same.

NO.

15. Have you underwent any surgery in past? Kindly provide papers of the same

Yes,

16. Do you have any other insurance policy? If yes kindly provide the details of the same?

NO.

17. Have you ever claimed for any illness in any insurance company prior to this? If yes, kindly provide the details of the same.

NO.

Date and Place: SRINAGAR HOSPITAL GUANAO  
20/12/24

Witness name

PUKET TRIKHA

Witness signature

*[Signature]*

Insured's Name: \_\_\_\_\_

Insured's

Signature

*[Signature]*



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Answers given by me for the above mentioned questions are true to the best of my knowledge.

I hereby declare that I have made above statements of my own accord and without any coercion whatsoever. I further declare that no undue gratification has been demanded from me nor paid by me or any of my relatives in connection with the verification of my claim.

SHRI KRISHNA TRIKHA / Sp. LI - SH. DODH RAJ

Due to GABRAHAT, RESTLESS, FEVER, EXCESS PAIN, COUGH

Admitted in SRI GOBIND HOSPITAL on 30/12/24 at 10:30 AM. TESTS LFT, K BLOOD, URINE, XRAY

Patient Admitted in ICU. TILL NOW.

DURING Treatment, Cough treatment, weakness

TPH, Albumin, Mucolizer, Swelling, Pain.

All bills of Hospital by TPA (cashless)

Policy is almost 10 yrs. old.

Please approve Final bill & Do the Needful.

Date and Place:

SRI GOBIND HOSPITAL, 30/12/24

Witness name

PUHSEET TRIKHA

Witness signature

Insured's Name: \_\_\_\_\_

Insured's

Signature

*[Signature]*



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2096/10050/71736

Download Date: 10/02/2021

To  
श्री क्रिशन त्रिखा  
Shri Krishan Trikha  
S/O Bodh Raj Nazim  
h.n0.774  
SECTOR-9A  
Gurgaon  
Gurgaon  
Gurgaon Haryana - 122001  
9911474488

Issue Date: 29/12/2020

Signature Not Verified  
Digital Signature is  
AUTHENTICATED BY UIDAI  
Date: 2021.02.10 10:02:47  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

XXXX XXXX 5913  
VID : 9197 7557 2775 9657

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



श्री क्रिशन त्रिखा  
Shri Krishan Trikha  
जन्म तिथि/DOB: 16/10/1942  
पुरुष/ MALE

Issue Date: 29/12/2020

Download Date: 10/02/2021

XXXX XXXX 5913  
VID : 9197 7557 2775 9657



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

#### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

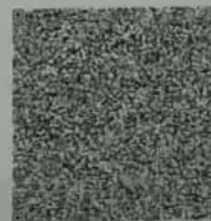


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O बोध राज नासिम, ह.न०.७७४, सेक्टर-९अ, गुरुगढ़,  
हरियाणा - 122001

Address:  
S/O Bodh Raj Nazim, h.n0.774, SECTOR-  
9A, Gurgaon, Gurgaon,  
Haryana - 122001



XXXX XXXX 5913  
VID : 9197 7557 2775 9657

1947

help@uidai.gov.in

www.uidai.gov.in





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SHRI KRISHAN TRIKHA / Sp. LI. SH. DODH RAJ

Due to GABRIANAT, RESTLESS, FEVER, EXCESS PHIT, COUGH  
Admitted in SRI GLOBIND HOSPITAL on 30/12/17 at  
10.30 AM. TESTS LEFT BLOOD, URINE, XRAY  
Patient admitted in ICU. Till now.

DURING Treatment, cough treatment, weakness  
TPM, Albumin, Neobulizer, Smelling, Pink.

All bills of Hospital by TPA (cashless)

Patient is almost 10 yrs. old.

Please approve Final bill & Do the  
Needful.

भारत सरकार Government of India		आधार Aadhaar	
<p><b>भारतीय विशिष्ट पहचान प्राधिकरण</b> Unique Identification Authority of India</p> <p>नमोद्वयन क्रम / Enrolment No.: 2096/10050/71736</p> <p>To: श्री श्रीराम रिश श्री श्रीराम त्रिखा S/O Shri Raj Naxim H.No. 774 SECTOR-8A Gurgaon Gurgaon Haryana - 122001 9911474488</p>			
<p><b>आपका आधार क्रमांक / Your Aadhaar No.:</b> XXXX XXXX 5913 VID: 9197 7557 2775 9657</p> <p><b>मेरा आधार, मेरी पहचान</b></p>			
<p><b>सूचना</b></p> <ul style="list-style-type: none"> <li>आधार पहचान का प्रमाण है, नागरिकता का नहीं।</li> <li>पुष्किल QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।</li> <li>यह एक इलेक्ट्रॉनिक प्रमाण है और इसे सुरक्षित रखें।</li> </ul>		<p><b>INFORMATION</b></p> <ul style="list-style-type: none"> <li>Aadhaar is a proof of identity, not of citizenship.</li> <li>Verify identity using Secure QR Code/Offline XML/Online Authentication.</li> <li>This is electronically generated letter.</li> </ul>	
<p><b>आधार वैधता</b></p> <ul style="list-style-type: none"> <li>आधार देश भर में मान्य है।</li> <li>आधार कोई सरकारी और नै सरकारी सेवाओं को पाना असरन करता है।</li> <li>आधार में मोबाइल नंबर और ईमेल ID अपडेट करें।</li> <li>आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।</li> </ul>			
<p><b>आधार वैधता</b></p> <ul style="list-style-type: none"> <li>Aadhaar is valid throughout the country.</li> <li>Aadhaar helps you avail various Government and non-Government services easily.</li> <li>Keep your mobile number &amp; email ID updated in Aadhaar.</li> <li>Carry Aadhaar in your smart phone - use mAadhaar App.</li> </ul>			
<p><b>आपका आधार क्रमांक / Your Aadhaar No.:</b> XXXX XXXX 5913 VID: 9197 7557 2775 9657</p> <p><b>मेरा आधार, मेरी पहचान</b></p>		<p><b>आपका आधार क्रमांक / Your Aadhaar No.:</b> XXXX XXXX 5913 VID: 9197 7557 2775 9657</p> <p><b>मेरा आधार, मेरी पहचान</b></p>	

Date and Place: SRI GLOBIND HOSPITAL, 30/12/17

Witness name: PUNJEE TRIKHA

Signature: [Signature]

Witness signature

Insured's Name: \_\_\_\_\_

Insured's



GPS Map Camera

Gurugram, Haryana, India  
602/20, Madanpuri Rd, Manohar Nagar, Sector 7,  
Gurugram, Haryana 122001, India  
Lat 28.458015° Long 77.016367°  
31/12/2024 02:50:02 PM GMT +05:30

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