**To,**

**Paramount Health Insurance & Services Pvt. Ltd**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch.**

**Declaration**

I do hereby solemnly affirm and declare as under that:

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to PHS at any other Insurer/TPA for whatsoever reason except in case of where sum insured available in present Insurance policy is not sufficient to cover claim amount fully and I have other Insurance policy to cover the balance claim amount from either same or different Insurer wherein certified copy of the same claim documents will be produced without any malafide intent to claim the amount twice.
* I further assure that I shall produce / submit all the hard copy of original claimed documents once the situation will be stabilized.

Yours Sincerely,

**Name & Signature of Employee**

**Place:**

**Date:**