

To,

FIS SOLUTIONS INDIA PRIVATE LIMITED 5748116

Address

UPPER GROUND FLOOR TO

7TH FLOOR, WEST END CENTER ONE, 169/1 SECTOR II,

Pin code: 411007

Phone no:

Date: 03/10/2025

Shortfall Letter No: GUR-0925-CL-0388741-S01

351700502590977351

U/W Claim Number: Agent Code:

Dev off Code:

Sub:Query pertaining to claim GUR-0925-CL-0388741

Proposer/Insured Name	FIS SOLUTIONS INDIA PRIVATE LIMITED/ANSHUL NEEMA	Policy number	351700502510000134
Employee Code	5748116	ID Card number	GUR-NC-F0372-004-0007235-C
Patient name	SADHANA NEEMA	Hospital name	CHOITHRAM HOSPITAL & RESEARCH CENTRE
Date of Admission	22-Sep-2025	Date of Discharge	22-Sep-2025
Claim Amount	69969	Claim number	GUR-0925-CL-0388741

Dear Sir/Madam,

With reference to your claim paper submitted with us you are requested to provide us with the following details to enable us to process your claim further.

1. KINDLY PROVIDE ALL CLAIM RELATED DOCUMENTS IN ORIGINAL AND SEAL SIGNED BOTH(INCLUDING DISCHARGE SUMMARY AND FINAL BILL)

Important

Please note that the above claim is being assessed based on the assumption that all your bills have been submitted to us.

Please also note that issuance of this query letter, does not amount to acceptance/clearance of your claim. On receipt of the above documents, your claim will be processed in accordance with the Terms and Conditions of the Policy. Please quote the above query number in your query reply and also for any further correspondence with regards to the claim.

For any further assistance please feel free to write us on null or call us at our 24x7 call center numbers

Printed on: 03/10/2025

Branch Office: 515, Udyog Vihar, Phase - V, null, GURUGRAM, Haryana, 122016