

Online Claim Submission Acknowledgement

Inward No. : GUR-0401609 **Received Date :** 03/04/2024

Document Type : Claim

Vidal Health Insurance TPA Branch : GURGAON

Claimant Name : ANUSHRI DUBEY

Enrollment ID : GUR-NC-F0372-006-0000058-D

Claim No. : GUR-0424-CL-0003234

Policy Type : Floater

Corporate Name. : WORLDPAY INDIA PRIVATE LIMITED

Disclaimer

This is the system generated acknowledgement for online claim submission. You may be advised to submit the additional documents on scrutiny of the submitted / received documents. This does not guarantee the settlement of the claim

Details Submitted by Insured

Declaration

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Employee Name And Signature

* Please take a printout of this acknowledgement and attach with hardcopy of claim documents