

To,

Religare Health Insurance Co. Ltd
Bangalore.

Subject: Self declaration for Reimbursement claim.

"I hereby declare that the benefits paid under this claim shall not be claimed from anywhere else in any form. Further, Religare Health Insurance Company reserves the right to ask for original claim documents for processing of claims wherever necessary."

Employee ID: MD - 39

Patient Name: VITHYAA LAXMI BABY

Hospital Name: ANNAI VELANKANNI MULTISPECIALITY HOSPITAL

Regards,

Name and Signature

D.GANAPATHI SUBRAMANIAN





अक्षयनगर शाखा, बैंगलूरु-560068
BANGALORE-AKSHAYNAGAR BRANCH,
BANGALORE URBAN-560068
IFS Code : UBIN0916781

VALID FOR 3 MONTHS FROM THE DATE OF ISSUE
दिनांक
DATE

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MANIPAL TECHNOLOGIES LIMITED / CTS-2010
1/02/2021

खाता सं.
A/c No.

चेक क्रं.
Cheque No.

02002061

भारत की हमारी सभी शाखाओं में समूल्य पर देय
PAYABLE AT PAR AT ALL OUR BRANCHES IN INDIA

GANAPATHI SUBRAMANIAN D

PLEASE SIGN ABOVE THIS LINE

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