

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: VITHYAALAXMI BABY

Hospital Name: ANNAI VELANKANNI MULTISPECIALITY HOSPITAL

Regards,

Name and Signature

D. GIANAPATHI SUBRAMANIAN



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PAY

रुपये RUPEES

अदा करें।

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11/02/21 खाता सं. A/c No. 167822010000013

चेक क्र. 02002061  
Cheque No.

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

GANAPATHI SUBRAMANIAN D

PLEASE SIGN ABOVE THIS LINE

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