**Insurance Claiming Email Template**

**To:** arifur.rahman@fareastislamilife.com,

**CC:** groupinsurance@fareastislamilife.com,

Giga Tech Ltd. HR <[hr@gigatechltd.com](mailto:hr@gigatechltd.com)>

**Subject: Inc. Claim\_1176/2024\_Name\_Employee ID**

Dear Concern,

I hope this email finds you well.

I am writing to formally request an insurance claim under our policy [Policy No. 1176/2024]. As a full-time employee of Giga Tech Limited, I am availing the insurance. The incident occurred on [Date of Incident] or visited doctor/ did medical test, and I have attached all necessary documents and evidence to support my claim.

Please find the following documents in attachment:

*[Please add all the necessary documents mentioned on the next page.]*

Requesting you to take prompt attention to this matter and would appreciate any updates on the status of my claim. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Best regards,

Employee Name:

Employee ID:

Mobile No:

**Required Documents for Claim Settlement**

**Group Life:**

1. Death certificate authorized by a registered MBBS doctor, specifying the "actual cause of death" apart from cardio-respiratory failure.
2. Original copy of treatment records from the last attending physician.
3. Certificate from your organization stating the period of employment and fixed salary until the date of death.
4. Photocopies of the National ID Card, duly attested.
5. Photocopies of the employee's attendance register from January to June 2024.
6. Death certificate from (a) Union Parishad/Municipality/City Corporation and (b) Janaza-E-Namaz declaration by an Imam.
7. Copy of General Diary (G.D.), FIR, inquest report, and post-mortem report (for accidental death).
8. Communication diagram to reach the family from Dhaka, including contact numbers.

**In Patient:**

1. Original consultant’s recommendation for hospitalization
2. Original discharge certificate
3. Copy of the patient's file during hospitalization (if available)
4. Money receipt or bill for consultant (physician/surgeon) fees
5. Bill for room charges, investigations, and other applicable services
6. Bill for medicine/drugs
7. Bill for surgical operation charges (operation theater, surgical team, delivery charge, anesthesia, and other applicable charges)
8. Bill for ancillary charges (e.g., ambulance service, oxygen therapy, blood transfusions, etc.)

**Out Patient:**

1. Copy of the doctor's prescription
2. Original money receipt or bill for investigations
3. Original money receipt or bill for medicine/drugs
4. Bill for surgical operation charges (operation theater, surgical team, delivery charge, anesthesia, and other applicable charges)