**DATE : 26.08.2019**

**The New India Assurance Co. Ltd**

**Gariahat So.510600**

**18/2 Gariahat Road**

**“Neelanjan”, 1ST Floor**

**Kolkata-700019**

**Ref : Policy No.51060034182800000478 MA-ID 5032063719**

**Sub :Submission of documents against claim of 20,079/- in favour of**

**Mani Sankar Ganguly (claimant) PAN no. ADPPG2775A**

**--------------------------------------------------------------------------------------**

**Dear Sir,**

**With reference to the above policy, I am submitting the following documents for your perusal:**

1. **OriginalClaim form in Part-A duly filled up by me and Part-B duly filled up, stamped and signed by**

**doctor under whom treatment was conducted along with the supporting documents required.**

1. **Original Discharge Certificate issued by Shankarnath Dialysis Centre and nursing home along with 1st precription for admission issued by Dr. D.P.Basu.**
2. **Original BILL of Rs.12950/- : This expenditure includes Bed rent, Emergency charges and**

**Aya charges aggregating Rs.7550/-and doctor’s fees of Rs.5400/-(separate receipt given as under) for which nursing home has reimbursed the actual cost from me in exchange bill is attached with the claim form.**

1. **Doctor’s Fees of Rs.5400/- : Original receipt issued by Dr.D.P.Basu, MD(CAL) being receipt no.8**

**date 21.08.19 for s.2700/-and Dr.S.S.Basu bearing receipt no 338 date 23.08.19 for Rs.2700/-are**

**attached with the claim form.**

1. **Cost of Medicine of Rs.3639/- :Original bills from different medicine shop purchased by nursing home as well as me are attached with the claim form. The details of which are given below :**

**SL No. Name of the shop Bill no. Date Amount**

**1 Shankarnath Dialysis Centre & nursing home 363 18.08.19 1002.00**

**2 Puja Pharmacy 7139 18.08.19 604.10**

**3 Shankarnath Dialysis Centre & nursing home 364 19.08.19 299.00**

**4 Shankarnath Dialysis Centre & nursing home 372 20.08.19 275.00**

**5 Puja Pharmacy 7139 20.08.19 585.38**

**6 MEDS A30669 21.08.19 874.00**

**------------**

**3,639.48**

**------------**

**-2-**

1. **Cost of Pathological test of Rs.3490/- : Original money receipt along with xerox copy of report**

**issued by Medvue Medical Service are attached with the claim form.**

1. **Xerox copies of last three years policy schedule are attached**
2. **A cancelled cheque of state bank of India, Kalikapur Branch,Kolkata is attached**

**IFSC no : SBIN0003907.**

1. **A self certified xerox copy of my PAN CARD is attached**

**--------------------------------------**

**(MANI SANKAR GANGULY)**

**CENTRALIKA,**

**26, JADAVPUR CENTRAL ROAD**

**KOLKATA-700032**