



Domiciliary Claim Form(Employee Id :
1189628)
Claim No : D28092408551189628F058



Employee Details

Employee Id :	1189628	Employee name :	Altamash Shaikh
EmailId :	altamash.mshaikh@tcs.com	Mobile No :	8691847476

Patient Details

Name of Patient :	Farida Shaikh	Gender	F
Relationship :	Mother	Age	56

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Digestive system related ailments		
Name of treating doctor :			
Hospital Name :	„NA,NA,	Hospital Address :	„NA,NA,
Treatment Start Date	08-Aug-2024	Treatment End Date	27-Sep-2024

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	BH/I/24/339346	29-Aug-2024	3250	Investigation and Labs

DISCLAIMER/TERMS OF AGREEMENT

All information provided in this claim form is true and correct. If it is found to be false and/or if it is proved that claim documents are manipulated then, I understand and agree that TCS can initiate appropriate disciplinary action which may also lead to termination of my employment with TCS.	
Date	Employee Signature
Date of Submission	