

Deficiency Letter

To,
Prashant Kale
H NO 1087 ROAD KOHKA BHILAI
CHHATTISGARH
Durg
Durg
490023

Date : 16/Sep/2024
CL No : 94784230-02

Subject: Additional information required for claim of Prashant Kale .

Dear Sir/Madam,

We are in receipt of your claim documents (Claim No - 94784230-02) pertaining to Health Insurance policy (#14525270) and on evaluation, have found that the below mentioned information/documents are not available with us.

AP

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1. DOCUMENTS REQUIRED
INVESTIGATION REPORT AGAINST CLAIMED AMOUNT

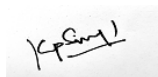
Please note that we would be unable to review your claim till receipt of the pending documents.

Please visit our claim genie portal by clicking <https://www.careinsurance.com/rhicl/claim/login> and submit the query reply.

Now, check your claim status via SMS Claim (94784230-02) to 77158-77158

With warm regards

For Care Health Insurance Limited



Authorised Signatory

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sector-43, Gurugram -122009 (Haryana)

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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Self Help Portal:
www.careinsurance.com/self-help-portal.html
Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html