

To,

RAJ KISHORE

-

Address :

A,9 Sector,3 Noida, Dist,Gutam Budh Nagar 201301 Uttar
Pradesh NOIDA UTTAR PRADESH 201301 NA NA
201301

Date:

2025-10-07 12:06:56

Shortfall Letter No:

DEL-0925-CL-0284360-S01

U/W Claim Number:

-

Sub: Query pertaining to claim DEL-0925-CL-0284360

Proposer/Insured Name	HCL TECHNOLOGIES LIMITED / RAJ KISHORE	Policy number	2-81-25-00003913-000
Employee Code	52098226	ID Card number	DEL-AB-H0351-102-0008910-A
Patient name	RAJ KISHORE	Date of Treatment	19-Aug-2025
Claim Amount	11600	Claim number	DEL-0925-CL-0284360

Dear Sir/Madam,

With reference to your claim paper submitted with us you are requested to provide us with the following details to enable us to process your claim further.

1. Need valid doctor prescription with Illness details and prescribed medicines/advice details.
2. Provide ophthalmologist prescription with eye power readings

Important:

Please note that the above claim is being assessed based on the assumption that all your bills have been submitted to us.

Please also note that issuance of this query letter does not amount to acceptance/clearance of your claim. On receipt of the above documents, your claim will be processed in accordance with the Terms and Conditions of the Policy. Please quote the above query number in your query reply and also for any further correspondence with regards to the claim.

For any further assistance, please feel free to contact us at 1860-425-0255 or 0806-426-7022, or raise an SSD by following these steps:

Log in to the MyHCL portal

Search for SSD

Select 'HR Benefits & Policy Clarification'

Choose 'Medical Insurance Policy'

Printed on: 07/10/2025