

To,
COFORGE LIMITED
116561
Address
PLOT NO TZ 02, SECTOR TECH ZONE,, ITES PARK,

NOIDA,UTTAR PRADESH
Pin code: 201308
Phone no: 9795922207

Date: 03/08/2024
Shortfall Letter No: GUR-0724-CL-0041497-S01
U/W Claim Number:
Agent Code:
Dev off Code:

Sub:Query pertaining to claim GUR-0724-CL-0041497

Proposer/Insured Name	COFORGE LIMITED/RAN VIJAY KUMAR SINGH	Policy number	510000/48/2025/285
Employee Code	116561	ID Card number	GUR-OI-C1029-006-0012557-E
Patient name	RAJESH SINGH	Hospital name	INSTITUTE OF MEDICAL SCIENCE & S.S.HOSPITAL
Date of Admission	12-Jun-2024	Date of Discharge	14-Jun-2024
Claim Amount	35659	Claim number	GUR-0724-CL-0041497

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. Details of previous treatment taken
2. Certificate from the Treating Doctor on the Etiology/ Cause
3. PROVIDE ALL ORIGINAL REPORTS

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 write us on null or call us at our 24x7 call center numbers

Printed on : 03/08/2024