

# CLAIM SHIELD



Name :

Card No :

Insurance Company :

Valid from : to



# Contact Details

 **8889296179**

 **7987856486**

 **9827284804**

 **0731-3528624**

**Address : 79 - A Dravid Nagar Ranjit Hanuman  
Mandir Road Indore Madhya Pradesh - 452009**

## TERMS AND CONDITIONS

- 1. VALUE OF THE CARD NIDAN CLAIM SHIELD IS RUPEES 999/- (PER YEAR)**
- 2. CARD COVERS FIRST THREE CLAIMS PER YEAR.**
- 3. VALIDITY OF THE CARD SHALL BE 1 ONE YEAR FROM THE DATE OF PURCHASE.**
- 4. ANY CLAIM PRIOR TO PURCHASE OF THIS CARD SHALL NOT BE COVERED, BUT IT CAN BE COVERED IN ROUTINE WITH PROCESSING FEES AND CONSULTATION FEES 15 TO 20% ETC.**
- 5. THIS CARD COVERS OUR FREE GUIDANCE IN CASE OF CASHLESS HOSPITALISATION AS WELL AS REIMBURSEMENT, UNTIL FINAL DISPOSAL/SETTLEMENT OF THE CLAIM.**
- 6. ON REJECTION OR DEDUCTION OF THE CLAIM BY THE INSURANCE COMPANY, WE SHALL TAKE ALL STEPS AT COMPANY LEVEL OR LEGAL LEVEL TO GET THE CLAIM SETTLED. CONSULTATION FEES 8% OF SETTLED AMOUNT SHALL BE CHARGEABLE AFTER RECEIVING SETTLED AMOUNT. EXPLAIN IS NOT SETTLED BY THE COMPANY, NO CONSULTATION FEES WILL BE CHARGED.**
- 7. CARD HOLDER SHALL NOT BE CHARGED WITH PROCESSING FEES FOR CLAIM SETTLEMENT IN ANY CIRCUMSTANCE.**
- 8. CUSTOMER CAN CONTACT OUR DEDICATED PHONE NUMBER AT ANYTIME DURING OFFICE HOURS FROM 10:00 A.M. TO 6:00 P.M.**