



#### Employee Details

Employee name	Shivank Goyal	Emp Id/TPA Id	265371
Employee's EmailID	shivank@adobe.com	Contact number	9945754591

#### Employee Bank A/c Information

Account holder name	Shivank Goyal	Bank Name	ICICI BANK LIMITED
A/c Number	07*****58	IFSC Code	I*****4
Branch Address	ICIC*****0024		

#### Details of the claimant (Patient Details)

Name	Shivank Goyal	Relationship	Self
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#### Claim Details

Nature of illness	MRI Brain	Duration of illness	1 Day
Clinic Name	OM Mediscan & Diagnostic Pvt Ltd	Clinic Pincode	282004
Treatment Start Date	22-Jun-2025	Total amount	5500

#### Declaration

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Date	Employee Signature
Date of Submission	Generated On :- 26 Jun 2025