

DOMICILIARY CLAIM FORM

Tata Consultancy Services Ltd		The New India Assurance Co. Ltd.	
CLAIM NO:D160620141559540003		DATE:16-06-2014	
EMPLOYEE DETAILS			
Name:	Navin Srivastava	Employee Code:	528950
PATIENT DETAILS			
Claim Submitted Date:	16-06-2014	Patients's Name:	Navya Srivastava
Alpha Code:	C	Relationship:	First Child
Illness Period:	From: 06-05-2014 To: 10-06-2014		
Ailment Details:	fever cough		
SUMMARY OF EXPENSES			
Nature of Expenses		Amount	
Pharmacy Charges		1029	
Consultation Charges		900	
Total Bill Amount:		1929	

SUPPORTING DOCUMENT

- > Original doctors bills & receipts which are numbered & printed.
- > Original chemists bills & receipts supported with proper prescriptions.

NOT TO BE SENT TO NEW INDIA ASSURANCE COMPANY .

Employee should retain scan or photo copies of all the documents .

Employee should be able to produce the scan or photo copies of all documents if/ when required.

Note:Claim form and supporting medical documents need to be submitted in local Branch.

DECLARATION

I hereby confirm that the documents submitted by me in support of my above claim are true and genuine in every respect , if the said documents are found to be fraudulent / fabricated/ tampered , then I shall be liable for appropriate disciplinary action by the Company.

I also confirmed that I have referred the Claim Reimbursement Guidelines before raising this claim.

*You are requested to submit your claim documents either in the Drop Box or with the Help Desk available at your locations.