

COVERING LETTER

Please ensure that, this letter will be filled, signed and submitted along with scan of other claim documents for faster processing of claims

To

Date:-

ManipalCigna Health insurance Company Limited

Dear Sir,

I **XXXXXXXXXX** , hereby Confirm that all the claim details /documents submitted in the scans / on portal for policy number **XXXXXXXXXX** are as per original claim documents . The original documents shall be retained by me and shall be submitted to the insurance company / TPA as and when required.

I declare that I shall not be claiming the same benefit and amount from any other Insurance company / organisation.

I also understand that in case ambiguity is found in my original claim documents, the insurer has the right to reject my claim and call for recoveries of any previous paid amount, which I shall be liable to pay.

Thanking You

Name and signature of the proposer / patient