

*(Dear Policyholder/ Cardholder,  
Intimation about hospitalization is important; it is required as per the policy  
terms and conditions / clause 7.1 of Mediclaim Insurance Policy)*

**Letter of Intimation for Hospitalization**

To,  
Genins India TPA Limited  
B-127 Sector-2, Noida  
Ph: 95-120-4144100  
Fax No: 95-120-4144170-71

Ref.: Policy No. ....  
Card ID .....

Sir,

It is requested to pleasure register the claim in respect of (Name of the Patient)  
..... who is being/ is hospitalized in Hospital/  
Nursing Home (Name of hospital/ nursing home) .....  
.....

Thanking You,

Signature of Insured

Name

Address

Phone:

E-mail: