

CCN NO.

Genins India Ltd.

B-127, Sector – 2, Noida. U.P. 201 301(India)

Ph: 95-120-4144100, Fax No: 95-120-4144170-71

E-mail: gil@geninsindia.com

Claim Payment cum Discharge Voucher

CCN NO. :		Policy No:	
Insurance Company: Oriental Insurance Co Ltd. / The National Insurance Company Ltd.			
Period of Insurance :		to	
Name of Insured / Corp. :			
Name of Patient :			

Sum Insured	Rs	
Previous Claim (if any)	Rs	
Total Claim submitted	Rs	
Deductions	Rs	
Total Claim Settled	Rs	
Note: - Total Claim Settled = (Total Claim Submitted - Deductions)		
Genins Paid	Rs	
Member Paid	Rs	
Balance Sum Insured as on	Rs	

Received from Genins India Ltd.
Rupees :

Note:

Kindly get the original discharge voucher signed by the **patient / insured** and send it back to us so that we can issue the cheque of the same.

In full and final settlement of My/Our claim as detailed herein above.

Rs.	
Bank:	
Date:	
Place:	

Cheque No:

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Signature of the Claimant/Insured

Deductions: -