

Your Name

Policy No. XXXXXXXX

Your Address
Chennai 600040
+91 98xxx xxxx
yourname@email.com

Ref: Claim No. XXXXXX

Date: 14 April 2026

The Claims Manager
Insurance Company Name
Regional Office, Chennai

Subject: Submission of documents for health insurance reimbursement claim

Dear Sir/Madam,

I am submitting my claim for reimbursement under health policy No. XXXXXXXX for the hospitalisation of my father, Mr. Father Name, from 2 to 6 June 2026 at a network hospital in Chennai.

Cashless approval could not be obtained because the admission was an emergency at night. The total bill amount is ₹1,18,450.

Enclosed are the claim form, discharge summary, final bill with receipts, pharmacy bills, investigation reports and a cancelled cheque. Kindly process the claim at the earliest.

Yours faithfully,

Your Name

Policy holder