

Date:

To,

Kumari Bank Ltd.,

_____ Branch,

_____, Nepal

Subject: Regarding Medical Insurance Claim

I kindly request you to process for Medical Claim submitted as per your scheme with below details.

Account Name: _____

Account Number: _____

Account Open Date: _____

Account Scheme: _____

Claim Type: Domiciliary Hospitalization

Docs Submitted: Copies of OPD Prescription/Emergency Ticket

Copies of Medical Reports

Copies of Discharge Summary

Original Bills

Account Statement

Signature of Applicant