

Date: _____

To:
The Secretary,
AGOEC Bank Limited,
Bangalore.

Madam,

Subject: - Reimbursement of my medical Claims

I had undergone _____ surgery on _____
at _____ Hospital / Nursing Home.

I have got ₹ _____/- reimbursed from the office out of the total bill amount of
₹ _____/-.

Hence I may be reimbursed the **balance eligible amount** at the earliest.

Thanking you,

Yours faithfully,

Enclosures: (Tick whichever is enclosed)

1. Discharge Summary
2. Original Bills
3. Non-Claim Certificate