

Annexure I

To

The Branch/ Divisional Manager,
BO/DO, United India Insurance Co. Ltd.
(Servicing Office Address)

Subject: LETTER OF UNDERTAKING

Claim no. _____ under Policy No. _____

Date of Hospitalisation:

Madam/ Sir,

It is to state:

1. That I understand that the _____state government vide its circular no _____ has capped the treatment cost of Covid 19.
2. That _____ (Name of The Insured person) insured under above-mentioned policy was admitted to _____hospital for treatment of Covid-19 on _____.
3. That on discharge from hospital on _____, a Discharge Bill no _____dated _____ towards cost of treatment of Covid-19 for Rs. _____was presented to the undersigned for payment.
4. That the amount charged was in excess of the state government circular as mentioned above.
5. That I paid Rs. _____ in excess to the hospital.
6. That after discharge, the undersigned informed the State Health Authority that said hospital has overcharged and have requested them to direct the hospital to refund the overbilled amount.
7. That The Undersigned is hopeful that after the state government's intervention, the hospital shall refund the overbilled amount.
8. That The Undersigned agrees that any such refund of the overbilled amount collected or received from any service providers, authorities or any person or persons, shall be the property of United India Insurance Co. Ltd. (hereinafter mentioned as 'the Company') to the extent of the difference between the claim amount paid by the Company to me and the Covid 19 treatment cost as capped by the Government as mentioned in para 1 above and I shall pay this refunded amount to the Company immediately and not later than seven days from the date of receipt of the refund.

Signature of the Policyholder

Name:

Address:

Date:

Place: