

**CLAIM FORM – PART A
TO BE FILLED IN BY THE INSURED**
The issue of this Form is not to be taken as an admission of liability

SECTION A – DETAILS OF PRIMARY INSURED

a) Policy No. b) Sl. No/ Certificate No: c) Company/ TPA ID No.

d) Name

e) Address

Phone No. Email ID

SECTION B – DETAILS OF INSURANCE HISTORY

a) Currently covered by any other mediclaim health insurance Yes No b) Date of commencement of first insurance without break

c) If Yes, Company Name Policy No. Sum Insured

d) Have you been hospitalized in the last four years since inception of the contract Yes No Date

e) Previously covered by any other Mediclaim / Health insurance Yes No

f) If yes, Company Name

SECTION C- DETAILS OF INSURED PERSON HOSPITALISED

a) Name

b) Relationship Self Spouse Child Father Mother Other _____

c) Date of Birth d) Age _____ months/years

e) Address (If different than above)

f) Gender Male Female g) Occupation: Service Self Employed Homemaker Student Retired Others _____

h) Telephone No i) Mobile No.

j) E-mail ID, if any

SECTION D- DETAILS OF HOSPITALISATION

a) Name of the Hospital where admitted

b) Room Category occupied Daycare Single Occupancy Twin Sharing 3 or more beds per room

c) Hospitalisation due to Illness Injury Maternity

d) Date of Injury/ Date of disease first detected/ Date of delivery e) Date of admission f) Time

g) Date of discharge h) Time

i) If injury, give cause Self-Inflicted Road Traffic Accident Substance Abuse Alcohol Consumption

ii) If Medico legal Yes No iii) Reported to police? Yes No iv) MLC Report, & Police FIR attached? Yes No

j) System of medicine Allopathic Other systems of medicine

SECTION E - DETAILS OF CLAIM

- a) Details of the treatment expenses claimed
- b) Section under which claim is made

Section A- Base Covers			
	I - Critical Illness		II - Multi pay Critical Illness
1)	Cancer Cover	<input type="checkbox"/>	Cancer Cover <input type="checkbox"/>
2)	Heart Cover	<input type="checkbox"/>	Heart Cover <input type="checkbox"/>
3)	Nervous System Cover	<input type="checkbox"/>	Nervous System Cover <input type="checkbox"/>
4)	Other Major Organs Cover	<input type="checkbox"/>	Other Major Organs Cover <input type="checkbox"/>

LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

Note:

1. When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organization/provider have to be submitted.
2. If original bills, receipts, prescriptions, reports and other documents are submitted to **Us** and Insured Person requires same for claiming from other organization/provider, then on request from the Insured Person **We** will provide attested copies of the bills and other documents submitted by the Insured Person.
3. If below mentioned documents are not provided in full or are insufficient for **Us** to consider the claim, then **We** may request additional information or documentation.

Documents for Critical Illnesses Cover, Multi pay Critical Illness Cover

- Claim Form duly signed by the Insured Person;
- Copy of Discharge Summary / Discharge Certificate;
- First consultation letter from treating Medical Practitioner
- Medical certificate confirming diagnosis, and the treatment from Medical Practitioner
- Certificate from treating Medical Practitioner, specifying the duration and etiology
- OT Notes in case of Surgery
- Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery
- MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
- All pathological and radiological Investigation Reports
- NEFT details & cancelled cheque
- Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Passport, Driving Licence, Voter ID, etc)

Documents and process for Second Expert medical Opinion

- Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) Consultation fees payment Receipt / invoice

CUSTOMER IDENTIFICATION PROCEDURE (AS PER KYC NORMS OF IRDAI)

Please submit the following documents in case of claim amount exceeds Rs. 100,000	
Legal name and any other names used(Any one of the mentioned documents)	Passport/ PAN Card/ Voter's Identity Card/ Driving License/ Letter from a recognized public authority or public servant verifying the identity and residence of the customer
Proof of Residence(Any one of the mentioned documents)	Telephone bill/ Bank account statement/ Letter from any recognized public authority/ Electricity bill/ Ration card

Claim Form –Loss of Job

Please mention the type of Loss of Job

Type of loss of Job	Details along with Reason	Date
Termination		
Dismissal / temporary suspension		
Retrenchment		
Resignation		

Documents for loss of Job

- Duly Completed Claim Form signed by Insured Person;
- Form 16A
- Termination letter/Resignation Letter/ Resignation Acceptance letter
- NEFT details & cancelled cheque