

Claim Documents Submitted - Check List

- | | |
|--|---|
| <input type="checkbox"/> Claim Form Duly Signed | <input type="checkbox"/> Operation Theater Notes |
| <input type="checkbox"/> Copy of the claim Intimation | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Hospital Main Bill | <input type="checkbox"/> Doctor's Request For Investigation |
| <input type="checkbox"/> Hospital Break-up Bill | <input type="checkbox"/> Investigation Report (Including CT / MRI/ USG / HPE) |
| <input type="checkbox"/> Hospital Bill Payment Receipt | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital Discharge Summary | |
| <input type="checkbox"/> Pharmacy Bill | |

DETAILS OF BILL ENCLOSED

Sl. No	Bill No	Date	Issued by	Towards	Amount (RS)
1.		d d m m y y		Hospital Main Bill	
2.		d d m m y y		Pre-hospitalization: _____Nos	
3.		d d m m y y		Pre-hospitalization: _____Nos	
4.		d d m m y y		Pharmacy Bills	
5.		d d m m y y			
6.		d d m m y y			
7.		d d m m y y			
8.		d d m m y y			
9.		d d m m y y			
10.		d d m m y y			

DETAILS PRIMARY INSURED'S ACCOUNT

a) Pan : b) Account Number :

c) Bank Name and Branch :

d) Cheque/ DD Payable details : e) IFSC Code :

DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/ insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date :

Place :

Signature of the insured

ANTI-MONEY LAUNDERING REQUIREMENT (For claim more than or equal to Rs. 1 Lakh - One Document each from (1) and (2))

- Proposer's Identification (a) Passport (b) PAN Card (c) Voter's ID Card (d) Driving License (e) AADHAR Card
- Proposer's Address (a) Current Telephone /Mobile Bill (b) Current Bank Passbook (c) Electricity Bill (d) Ration Card (e) Valid Rent Lease Agreement