CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED BY THE INSURED
The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

| DETAILS OF PRIMARY INSURED: | | |
|--|---|--|
| a) Policy No.: | b) SI. No/ Certificate no. | |
| c) Company/ TPA ID No: | | |
| d) Name: SURNAME FIRS | | |
| e) Address: | | SECTION A |
| | | |
| City: | State: | |
| Pin Code Phone No: | Email ID: | |
| DETAILS OF INSURANCE HISTORY: | | |
| | of commencement of first Insurance without break: | |
| | | |
| c) If yes, companyname: | Policy No. | vate: M M Y V |
| | | |
| Diagnosis: | e) Previously covered by any other Medic | aim /Health insurance :: Yes No |
| f) If yes, company name: | NODE | |
| DETAILS OF INSURED PERSON HOSPITALIZED: : | NCBE | |
| a) Name: SURNAME FIRS | TO ME MIDDLE | N AME |
| b) Gender Male Female c) Age years Y Y Months M | d) Date of Birth D D M M YYYY | |
| e) Relationship to Primary insured: Self Spouse Child Father | Mother Other (Please Specify) | <u>&</u> |
| f) Occupation Service Self Employed Home Maker Student | Retired Other (Please Specify) | SECTION C |
| g) Address (if diffrent from above) : | I AIPNEST I I I I I I I I I I I I I I I I I I I | |
| | | indahahaha ° |
| City: | | |
| Pin Code Phone No: | | |
| | Entail ID. | |
| DETAILS OF HOSPITALIZATION: : a) Name of Hospital where Admited: | | |
| b) Room Category occupied: Day care Single occupancy | Twin sharing 3 or more beds per room | |
| c) Hospitalization due to: Injury Illness Maternity | d) Date of injury / Date Disease first detected /Date of Delivery: | MN YYYY M |
| e) Date of Admission: D M M YY f) Time H | M g) Date of Discharge: D M V Y | M) Time: H) : M O |
| | | |
| I) If Injury give cause: Self Inflicted Road Traffic Accident Substance Abuse / Alcohol Consumption I) If Medico legal I fes No | | Yes No |
| I) If injury give cause: Self inflicted Road Traffic Accident | | Yes No |
| ii) Reported to Police iii. MLC Report & Police FIR attached | Substance Abuse / Alcohol Consumption 1) If Medico legal Yes No j) System of Medicine: | Yes No |
| ii) Reported to Police iii. MLC Report & Police FIR attached DETAILS OF CLAIM: | Yes No j) System of Medicine: | i es 🔝 No |
| ii) Reported to Police iii. MLC Report & Police FIR attached DETAILS OF CLAIM: a) Details of the Treatment expenses claimed | Yes No j) System of Medicine: | n Documents Submitted - Check List: |
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