

PRITHVI, AGNI, JAL AKASH SAB KI SURAKSHA HAMARE PAAS

CLAIM FORM FOR NIRAMAYA HEALTH INSURANCE SCHEME

Notes: This form is issued without admission of liability and must be completed and returned to the insurance company for processing the claim.

Cla	im No (to be allotted by the insur	rer):I	Policy No:								
Pre	esent Age:Years, Relation	ship with the patie	nt								
Tel	ephone No.:	(47)									
Res	sidential Address:										
		N N									
2.	Details of the Address:										
Na	me in Full:	Age:	Years, Disability:								
Sor	n/Daughter of:	BPL Card No.									
Res	sidential Address:										
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3.	Permanent Business or Occup		nan one state all)								
4.	(a) Name & address of the ho	spital where the tr									
(b)	Name, address & qualification o		nducted the treatment								
5.	Nature of claim :OPD/ IPD/ T	herapy									
a)	Date/s:										
b)	Details of disease:										
c)			me:								
d)	Date of Discharger:	Tin	ne:								
6.	Total Claimed Amount :										
7.	If the claim is for domiciliary										
a)	Date of commencement of treat	Date of commencement of treatment :									
b)	Date of completion of treatmen	11.;	:								
c) d)											
e)	Telephone No.:										
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The amount you are entitled to Claim under above policy: In support of the above claim, I enclose following documents {Please indicate by (0)}																					
Bills, Receipt and Discharge Certificate/card from the Hospital/Nursing Home. (In original)														21)							
Cash memos from the Hospital/Chemist(s), supported by the proper prescription. (In original)																					
Receipt and Pathological test reports from a Pathologist supported by the note from the																					
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Account Holder's Signature

Note:

Claim Form under Niramaya All Claims for settlement under Niramaya has to be submitted to Oriental Insurance in the prescribed Claim Form alongwith relevant vouchers/ bills, etc. within 30 days of treatment or discharge from hospital.

Mailing Address: RAKSHA TPA Pvt. Ltd. J&Co. Chambers, Manimala Road, Near Ganapathy Temple, Edappally, Cochin - 682 024. Ph: 0484 4000506