KONILA - 20,000(100 X 200 BOOKS) 02.2012

Service Tax Registration No
AAACN4165CST178
510000/34

The New India Assurance Company Limited

(A Govt. of India Undertaking)
Regd. & Head Office : New India Assurance Building
87, Mahatma Gandhi Road, Fort, Mumbai - 400 001

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MEDICLAIM POLICY 2007 / FAMILY FLOATER MEDICLAIM POLICY /
JANATA MEDICLAIM POLICY / MEDICLAIM POLICY FOR SENIOR CITIZEN

CLAIM FORM

Claim No. _____ (For Ofiice Use)

suance of this form does not amount to admission of any liability under the policy on the part of the insurers. Please give the following information correctly and completely to enable us to process your claim promptly.

1. Name of the Insured :

2. Details of the Insured Person
(in respect of whom claim is made)
   a) Name of the insured person :
   b) Relationship with insured :
   c) Present Completed Age :
   d) Ocupation :
   e) Residential Address :

3. Policy Number (In Full) :

4. Nature of Disease/Contracted/
Ailment suffered or injury sustained :

5. Date on which Injury was sustained/
Disease or Ailment first detected :

6. Details of the attending
Medical Practitioner
   a) Name :
   b) Address :
   c) Qualification :
   d) Telephone No. / Mobile No. :
   e) Registration No. :

7. a) Name and Address of the Hospital/
Nursing Home/Day Care Centre :
   b) Date of Admission :
   c) Date of Discharge :