

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: "Oriental House", A-25/27, Asaf Ali Road, New Delhi – 110 002.

Issuing Office

HOSPITALISATION AND DOMICILIARY HOSPITALISATION BENEFIT POLICY CLAIM FORM

Claim No.

Insurance of this form does not amount does not admission of any liability under the claim on the part of the Insurers.

Please give the following information correctly and completely to enable the Company to process your claim Promptly :

	Name of the Insured (in whose name policy is issued) Details of the Insured person (in respect of whom claim is made)	: Sl :	JRNAME	INITIALS		
	 a) Name & relationship to the Insured b) Present Completed Age c) Occupation d) Residential Address 					
3.	Policy No.					
4.	Nature of Disease / illness contracted or injury suffered	:				
5.	Date of Injury sustained or Disease / illness first detected	:				
6.	a) Name & Address of the attending Medical Practitioner	ļ	Pin Code			
	b) Qualification & Telephone No.	:				
	c) Registration No.	:				
7.	a) Name & Address of the Hospital / Nursing Home / Clinic		Pin Code			
	b) Date of Admissionc) Date of Discharge	:				

	If the claim is for Domiciliary Hospitalisat a) Date of Commencement of treatment b) Date of Completion of treatment c) Name & Address of attending Medical Practitioner	•		
	d) Telephone No. c) Registration No.	:		
9.	Have you preferred any claim previously disease / illness / accident under this poli			

I have incurred on the treatment of Disease / illness / Accident referred to above, the expenses as per the detailsgiven by me in the Schedule of Expenses given overleaf.

In support of the above claim, I enclosed the following documents (please indicate by \checkmark)

- 1. Bill, Receipt and Discharge Certificate / Card from the Hospital.
- 2. Cash Memos from the Hospital / Chemist (s), supported by the proper prescription.
- 3. Receipt and Pathological test reports form a Pathologist supported by the note from the attending Medical Practitioner/ Surgeon demanding such Pathological tests.
- 4. Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.
- 5. Attending Doctor's / Consultant's / Specialist's / Anaesthetist's bill and receipt and certificate regarding diagnosis.
- 6. In case of Domiciliary Hospitalisation, receipt from a qualified nurse who attended the patient at his / her residence duly supported by a certificate form attending Medical Practitioner.
- 7. Certificate from the attending Medical Practitioner giving reasons for allowing treatment at home.
- 8. Certificate form the attending Medical Practitioner / Surgeon that the Patient is fully cured.

I hereby warrant the truth of the foregoing particulars in every respect and agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

Date atday of

Signature of the Claimant

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Date of Claim

The Oriental Insurance Company Limited HOSPITALISATION / DOMICILIARY HOSPITALISATIO CLAIM SCRUTINY FORM OFFICE:____CODE No____

POLICY NUMBER :		SUM INSURE	CLAIM No.				
SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT	Amount	FOR OFFICE USE ONLY					
Details of Expenses under Hospitalisation: Domiciliary Hospitalisation o besupported by Bills / Receipts ,Cash Memos Etc)	Claimed Rs.	Amount disallowed under the Present Claim Rs.	Net Payable amount Rs.	Remarks			
	(1)	(2)	(3)	(4)			
 (A) (A) Room, Board & Nursing Expenses Perday, not exceeding (including Boarding to be provided by the Hospital). (b) I.C.C. Unit, Board & Nursing Expenses perday not exceeding. Aggregate limit for Policy period 1 (a) & 1(b) above not exceeding. (B) Hospitalisation Benefits other than Room, Board & Nursing Expenses & I.C.C.U. (including Pre & Post Hospitalisation). Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists fees. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic materials & X-Ray, Dialysis, Chemotheraphy, Radiotheraphy , Cost of Pacemaker, Artificial Limbs & Cost of Organs and Similar other expenses. Domiciliary Hospitalisation Benefits. (Non-Surgical treatment only) Medical Practioners, Consultants Specialists fees for Visits etc. Blood, Oxygen, Diagnostic materials, X-Ray, Employments of qualified Nurses, Medicines & Drugs and 							
Similar expenses.							

Date:

place:

Signature of Claimant

Note: Payment of claim will be made through electronic transfer only. Cancelled cheque leaf of the bank account to which the claim amount need to be transferred need to be mandatorily submitted along with documents.