

## **National Insurance Company Limited**

(To be filled in block letters)

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

New National Parivar Mediclaim Policy
CLAIM FORM - PART A
TO BE FILLED IN BY THE INSURED
The issue of theis form is not be taken as admission of liability
For claims under Medical Second Opinion (MSO), no need to fill up Section C and Section D of the claim form

DETAILS OF F	RIMAR	Y INSU	RED																_																_					—.
a) Policy no:																			Щ		b) Co	ompany	/ TPA	ID No	Е.										<u>Щ</u>					
c) Name:																																								ᆲ,
d) Address:																			Т	T															Т	Т	Г			
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c) If yes, comp		ie:				<u> </u>		<u> </u>								┙		licy No	_	بب		<u> </u>	_		Щ		_			_				<u> </u>	누	누	<u>—</u>	ш		No 5
Sum Insured (₹	:):	Ш										d) Ha	ve you	been h	ospitali	zed ir	the la	st four	years s	since in	nceptio	on of th	e cont		-	Yes	_	No		Da				J	$\vdash$	Щ.				•
Diagnosis:	L				_							_				_	_	_			1			e) Pre	eviously	cover	ed by	any of	her M	edicla	im/ He	ealth Ir	nsuran	ice :			ш	Yes		No c
f) If yes, Compa																_		4																						
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a) Name :																																								
b) Gender:		1	Male		Fe	emale		d) Da	ite of B	irth:									e) Sı	um insu	ured:	₹									i) C	CB (if a	any)							
f) Relatuionship	to Prin	ary Insi	ıred:			Self		]	Spo	use		Ch	nild		Father				Mother		]	Other		(F	Please	specify	) [													
g) Occupation:		Se	rvice		1	Self	f Empl	loyed	$\Box$	Н	omemak	er	$\neg $	_ ,	Student	F	₹	F	Retired	$\vdash$	Ī	Other			Please															= 7
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c) Hospitalization		0:			Injury	$ldsymbol{eta}$		liness			Accide		ᆜ		_	_		_						y/ Date	e Disea	se first	detec	ted:	_					J	느	느	_			
e) Date of Adm		l			l			]			,	Time:			⊒ :	L		4				Dischar	-		Ш	L			L				h) Tir		<u></u>	<del>—</del>	]:	ш		Ī
i) If injury, give				Self inf		ш					c Accide								e abus	se / Alco	ohol C	Consum	ption					f Medi	co Le	gal:		Yes		No	_					
ii. Reported to p				Yes		No			iii. I	MLC F	Report &	Police	e FIR a	ttached	d:	Yes	8	No			j) Sy	stem o	of med	icine:		Moderr	med	icine	[		Ayurv	reda			Hom	neopath	ıy			
DETAILS OF C	LAIM																																							
a) Details of ex	penses																														Claim	1 Doci	ument	s Sub	mitted	d- Che	ck List	t:		
i. Pre Hospitalization Expenses र ii. Room/ ICU Charges र Claim FormDuly signed																																								
iii. Medical Practitioner's Fees र Copy of the claim intimation, if any																																								
v. Post Hospitalization Expenses: ₹ Hospital Main bill																																								
vii. Pre hospital	vii. Pea hospitalization period: days   Hospital Break-up bill																																							
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b) Details of Tr	-																																nacy E			,				0
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ii Claim for HIV								Yes	_	No							-			eatment				=	Yes	=						ECG	20011	11000	3 1 1010					i
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e) Cheque/ DD																					]	f) I	FSC (	Code:													<u> </u>			Ι.
DECLARATIO	N BY TI	IE INSU	RED																																					
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this claim,	my righ	to clair	n reim	burse	ment s	shall be	forfei	ited. I a	lso con	sent 8	authori:	ze TP	A / ins	ırance	compa	ny, to	seek n	ecess	ary med	dical int	forma	tion / de	ocume	nts fro	m any	hospita	l / Me	dical F	ractit											•
claim is ma	ade. I he	ereby de	clare	tnat I h	nave in	ncluded	all th	e bills	receip	ts for i	ine purpo	se of	r this cla	aım & t	nat I wil	ıı not l	oe mak	ing an	y suppl	.ementa	ary cla	aim exc	ept the	e pre/p	ost-hos	spitaliza	ition c	aaım, i	r any.											
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## **National Insurance Company Limited**

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

	GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)							
DATA ELEMENT	DESCRIPTION	FORMAT						
	SECTION A - DETAILS OF PRIMARY INSURED	•						
a) Policy No.	Enter the policy number	As allotted by the insurance company						
b) Company TPA ID No.	Enter the TPA ID No	License number as allotted by IRDA and printed in TPA						
b) Company TPA ID No.	Elitel the TPA ID NO	documents.						
c) Name	Enter the full name of the policyholder	Surname, First name, Middle name						
d) Address	Enter the full postal address	Include Street, City and Pin Code						
	SECTION B - DETAILS OF INSURANCE HISTORY	· · ·						
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No						
b) Date of Commencement of first Insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format						
c) Company Name	Enter the date of commencement of first insurance  Enter the full name of the insurance company	Name of the organization in full						
Policy No.	Enter the roll name of the insurance company  Enter the policy number	As allotted by the insurance company						
Sum Insured	Enter the total sum insured as per the policy	In rupees						
d) Have you been Hospitalized in the last 4 years since inception of the contract?	Indicate whether hospitalized in the last 4 years	Tick Yes or No						
Date	Enter the date of hospitalization	Use mm-yy format						
Diagnosis	Enter the date of hospitalization  Enter the diagnosis details	Open Text						
Diagnosis	Enter the diagnosis details	Орен тем						
e) Previously Covered by any other Mediclaim/ Health Insurance?	Indicate whether previously covered by another Mediclaim / Health Insurance	Tick Yes or No						
f) Company Name	Enter the full name of the insurance company	Name of the organization in full						
	SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED							
a) Name	Enter the full name of the patient	Surname, First name, Middle name						
b) Gender	Indicate Gender of the patient	Tick Male or Female						
c) Age	Enter age of the patient	Number of years and months						
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format						
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify.						
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.						
g) Address	Enter the full postal address	Include Street, City and Pin Code						
h) Phone No	Enter the phone number of patient	Include STD code with telephone number						
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address						
	SECTION D - DETAILS OF HOSPITALIZATION							
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full						
b) Room category occupied	Indicate the room category occupied	Tick the right option						
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option						
d) Date of Injury/Date Disease first detected	Enter the relevant date	Use dd-mm-yy format						
e) Date of admission	Enter date of admission	Use dd-mm-yy format						
f) Time	Enter time of admission	Use hh:mm format						
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format						
h) Time	Enter time of discharge	Use hh:mm format						
i) If Injury give cause	Indicate cause of injury	Tick the right option						
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No						
Reported to Police	Indicate whether police report was filed	Tick Yes or No						
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No						
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text						
A Data to di Tanatana di Francesco	SECTION E - DETAILS OF CLAIM	In a second (December 2)						
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)						
b) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED	Tick the right option						
Indicate which hills are englaced with the amounts is runged	SECTION F - DETAILS OF BILLS ENGLOSED							
Indicate which bills are enclosed with the amounts in rupees	SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT							
a) PAN		As allotted by the Income Tay department						
a) PAN b) Account Number	Enter the permanent account number	As allotted by the Income Tax department						
b) Account Number c) Bank Name	Enter the bank account number	As allotted by the bank						
c) Bank Name d) Bank Branch	Enter the bank name	Name of the Bank in full						
	Enter the bank branch name	Name of the Bank Branch in full						
e) Cheque/ DD payable details	Enter the name of the beneficiary the cheque/ DD should be made out to	Name of the individual/ organization in full						
f) IFSC Code	Enter the IFSC code of the bank branch SECTION H - DECLARATION BY THE INSURED	IFSC code of the bank branch in full						

National Insurance Co. Ltd.
Premises No. 18-0374, Plot no. CBD-81, Rajarhat,
New Town, Kolkata - 700156