



CLAIM FORM

(For Reimbursement claim and pre-post claims of HDFC Life Employees)

(Issuance of this form does not amount to admission of any liability under the claim on the part of the insurance.)

Name of the Insurance Company: National Insurance Company Limited
Name of the Insured: **HDFC STANDARD LIFE INSURANCE CO LTD.**
Address of the Policy issuing Office: **National Insurance Company Limited - Mumbai**
EMSL's ID No.: Policy No.: **260800/46/11/8500000011**

1. Name of the Insured (In whose name policy is issued): **HDFC STANDARD LIFE INSURANCE CO LTD.**
2. Name of the HDFC Life Employee:
3. Details of the Employee/Dependent (In respect of whom claim is made):
(a) Name & Relationship to the HDFC Life Employee:
(b) Present completed age:
(c) Occupation:
(d) Residential Address with phone no:

Pls provide: Mobile No. and E-Mail – I.D.:

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 Hospital/ Nursing Home/Clinic:
(b) Date of Admission:
(c) Date of Discharge:
7. (a) Name and Address of the attending Medical Practitioner :
(b) Qualification: Telephone No.:
(c) Registration No.:

8. Have you been insured under any Mediclaim Scheme earlier:
(Whether with us or any other Insurance Co.) If yes, photo copies of Previous year's Insurance policies must be enclosed
9. Date of Commencement of very first insurance for this insured:
person with continuous Insurance Cover

10. If the claim is for Domiciliary Hospitalization,;
Please indicate
(a) Date of Commencement of treatment:
(b) Date of Completion of treatment:
(c) Name & Address of attending Medical:
Practitioner

11. Total Amount Claimed: Rs.

I have incurred on the treatment of disease/illness/accident referred to above the expenses as per the details given by me in the Schedule of Expenses given overleaf.

