ICICI Lombard
GENERAL INSURANCE

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.

Claim No (to be allotted by the insurer): _____Policy No: _____

1. Details of the Claimant:
Name in Full:_____
Present Age: _____Years, Relationship with the patient _____

Telephone No.:_____
Residential Address:_____
_____
_____

2. Details of the Patient:

Name in Full: _____Age: _____Years, Disability: _____

Son / daughter of: _____BPL Card No._____

Residential Address:
_____
_____
_____

3. Permanent Business or Occupation: (If more than one state all)_____

4. (a) Name & address of the hospital where the treatment was conducted:
_____
_____

(b) Name, address & qualification of the doctor who conducted the treatment
_____
_____
_____

(5) Nature of claim: OPD/ IPD
a) Date/s: _____
b) Details of disease _____
c) Date of Admission: _____Time: _____
d) Date of Discharge: _____Time: _____

(6) Total Claimed Amount:

(7) 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_____

d) Qualification___

e) Telephone No.___

8. Are you insured elsewhere? If so, give details:

(a) Name of the Company and Sum Insured: _____
(b) The amount you are entitled to Claim under above policy: _____

In support of the above claim, I enclose following documents {Please indicate by (□)}

1. Bills, Receipt and Discharge Certificate / card from the Hospital/Nursing Home. (In original)

2. Cash memos from the Hospital / Chemist(s), supported by the proper prescription.(In original)

3. Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests. (In Original)

4. Surgeons certificate stating nature of operation performed and surgeon's bill and receipt. (In Orginal)

5. Attending Doctor's / Consultant's / Specialist's / Anesthetist's bill and receipt and certificate regarding diagnosis, whichever is prescribed & thereby expenses incurred (In Original)

6. If any transportation bill then pls. submit the bill. (In original)

Declaration:

I HEREBY DECLARE that the particulars are true to best of my knowledge and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Place:
Date: **Signature of Insured**

Insurance underwritten by ICICI Lombard General Insurance Co. Ltd. Insurance is the subject matter of the solicitation.

Note :

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

Mailing Address : ICICI Lombord G.I.C., ICICI Bank Tower, Plot no. 12, Financial District, Nankrani Guda, Gachibowli, **Hydrabad 5000032 (AP)**

For any query regarding reimbursement of claim, kindly contact :
Toll Free Nos: 1800-209-8888, 1800-233-4505, 1800-233-1166,
Tel: 011-66310689 & 66310600
email id: ihealthcare@icicilombard.com; Email id : ayushi.sharma@icicilombard.com

Guidelines to settle your claim fast:

1. Fill the claim form properly. All the fields must be filled.

2. Enclose the following documents:

   A) Copy of Niramaya card or mentioned Health ID No.
   B) Attested copy of disability certificate
   C) All original prescription papers given by the doctor, original bills of Hospital/ Medicine/Doctor fee/ Therapy fee.
   D) In case of change in address, kindly enclose residential proof with Claim Form and inform National Trust office also.
   E) Kindly give Bank details to enable transfer of claim amount directly in the beneficiary's account.

3. Put your mobile number properly as you will be updated about the claim status.

4. **Please Note: In case of change in address, kindly enclose residential proof with Claim Form and inform National Trust office also.**