



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 :

- | | | | |
|--|---|-----------------------------|----------|
| 1. Name of the Insured
(in whose name policy is issued) | : | | |
| | | SURNAME | INITIALS |
| 2. Details of the Insured person
(in respect of whom claim is made) | : | | |
| 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 | : | | |
| | | | |
| | | Pin Code | |
| | | State / U . Territory | |
| b) Qualification & Telephone No. | : | | |
| c) Registration No. | : | | |
| 7. a) Name & Address of the Hospital /
Nursing Home / Clinic | : | | |
| | : | | |
| | | Pin Code | |
| | | State / U . Territory | |
| b) Date of Admission | : | | |
| c) Date of Discharge | : | | |

The Oriental Insurance Company Limited

HOSPITALISATION / DOMICILIARY HOSPITALISATION CLAIM SCRUTINY FORM OFFICE: ___ CODE No. ___

POLICY NUMBER : _____

SUM INSURED : _____

CLAIM No . _____

SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT	Amount Claimed Rs.	FOR OFFICE USE ONLY		
		Amount disallowed under the Present Claim Rs.	Net Payable amount Rs.	Remarks
Details of Expenses under Hospitalisation: Domiciliary Hospitalisation (To be supported by Bills / Receipts ,Cash Memos Etc)	(1)	(2)	(3)	(4)
<p>1. (A)</p> <p>1. (a) Room, Board & Nursing Expenses Per day, not exceeding (including Boarding to be provided by the Hospital).</p> <p>(b) I.C.C. Unit, Board & Nursing Expenses per day not exceeding.</p> <p>2. Aggregate limit for Policy period 1 (a) & 1(b) above not exceeding.</p> <p>I. (B) Hospitalisation Benefits other than Room, Board & Nursing Expenses & I.C.C.U. (including Pre & Post Hospitalisation).</p> <p>1. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists fees.</p> <p>2. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic materials & X-Ray, Dialysis, Chemotherapy, Radiotherapy , Cost of Pacemaker, Artificial Limbs & Cost of Organs and Similar other expenses.</p> <p>II. Domiciliary Hospitalisation Benefits. (Non-Surgical treatment only)</p> <p>1. Medical Practitioners, Consultants Specialists fees for Visits etc.</p> <p>2. Blood, Oxygen, Diagnostic materials, X-Ray, Employments of qualified Nurses, Medicines & Drugs and Similar expenses.</p>				
TOTAL				

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.