



NEPAL INSURANCE COMPANY LIMITED

(ESTD-1947)

Kathmandu

Health Insurance Claim Form

Claim under Health Insurance scheme

Claim No.

Policy No.

1. MEMBER SR. NO.
Name Date of Birth
Home Address Office Address
Designation/Relationship of Employee Sex

2. IF INJURED IN ACCIDENT
Date and time of Accident
Place of Accident
Cause of Accident

3. IF AN ILLNESS
Details of illness
Date of incapacity or diagnosis

4. MEDICAL ATTENDANTS
Name and address of Private Doctor
Attending Member
Name & address of all Surgeons, Anaesthetists
Specialists, Pathologists, attending Member
Name & address of Member's
Ordinary medical attendant

5. DETAILES OF CLAIM
PLEASE FILL UP the items under which the benefits are claimed in respect of the above illness/accident giving amount claimed and enclosing receipt bills, prescriptions and have the certificate completed by the Doctor giving the medical attention in respect of which a claim as made.

Benefit No.	Description of Treatment received	Cost of treatment
A	Surgeons and/or Anaesthetist Fees	
B	Specialist and/or Pathologist Fees	
C	Charges for Nurse cabin etc.	
D	Charge for X-ray and/or electric and/or massage	
E	Cost of any surgical appliances	
F	Cost of Medicines and drugs	
G	Private doctor's Fees (ayoorbedik/Home pathologist)	
H	Charges for Acupunture	

I declare that I have/my dependent has suffered the above described injuries illness and that to the best of my knowledge and belief the foregoing particulars are in every respect true. I also declare there is no other insurance or other source to cover the items claimed.

Date:

Signature of Claimant.....

Name of the Employee concerned

Medical Certificate To Be completed by Members Doctor

I certify that _____ was ill/Injured