

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

HOSPITAL CASH BENEFIT CLAIM FORM

To be completed by Principal Insured (For Self and Minor Life) & Secondary Insured (For Self)

Note: PLEASE SIGN ON ALL PAGES AT BOTTOM

General instructions:

- While answering questions in the claim form and providing any other information in respect of the claim, the Claimant must make a full and frank disclosure of all material facts.
- Please read the policy document carefully to avail the benefits under the policy.
- All corrections made in the claim form have to be duly countersigned in full.
- · If the space provided is insufficient, please attach the annexures along with this form.
- Please submit the requisite documents along with the claim form for a faster processing.
- · The company retains the right to call for further evidence needed to process the claim.
- Submission of form duly acknowledged by us does not amount to admission of claim.
- . (*) Mandatory fields

1. Particulars of Life Assured:							
Policy Number*:							
Name of the Life Assured*:							
Name of the Principal Insured (In case the Life Assured is a Minor life or Secondary life):							
Date of Birth: Sex: Male Female							
Address:							
Tel/Mobile number:Email:							
Do you want the payment to be made in favor of Principal Insured: Yes (Applicable if Life Assured is Secondary Insured)							
Claimant/ Principal Insured (As applicable) Bank account no.*:							
Name of the Bank, Address *:							
2. Particulars of Complaints and Symptom							
I. Name, address & contact details of Hospital admitted:							
II. Reason for Hospitalization:							
III. Date of disease (first diagnosis/surgery) :/ (DD/MM/YYYY)							
IV. Date and time of admission:/ (DD/MM/YYYY): (in 24 Hrs format)							
V. Exact diagnosis /condition(s):							
VI. Investigations undergone							
VII. Date and time of discharge :/ (DD/MM/YYYY) : (in 24 Hrs format)							
VIII. Details of occupation, address and tel. numbers of the employer(s):							
IX. ICU Benefit Availed: Yes No Recuperation Benefit availed: Yes No							
X. Date and time of Admission into ICU:/ (DD/MM/YYYY): (in 24 Hrs format)							
XI. Date & time of Discharge from ICU://(DD/MM/YYYY):(in 24 Hrs format)							

HOSPITAL CASH BENEFIT CLAIM FORM

	Follo	owing reports and docu	ıments taken befo	re and during treatment or	operation are enclosed:			
	a)	Copy of Admission N	of Admission Notes					
	Parti	culars of doctors cons	to be attested by H	d) Any others. Plospital Authorities or Origi	nal needs to be produce			
Sr. No	illne	Name of the Doctors/Hospitals/ Medical Centres	Date of first consultation	Address	Registration no. of Doctors/ Hospitals	Date of Admission & operation	Date of Discharge	
		medical centres			Поэрнагэ	operation		
j.	DECI	ARATION AND AUTHORIS			Ale ad Ale a Communication of the communication of			
ll re	spec	ts.	do	solemnly declare and confirm	n that the foregoing answe	rs and statements are tru	ie and complete in	
edre r ho furth MetL nform MDS her uth n wh We nine (YC)	essal pspital	forum. I hereby confirm to I from divulging any known hereby authorize any india Insurance Company in shall without limitation mental and physical history discourage that I am entitled to representatives to gather manner as may be decoupled to the consent, and confident or available with wendors and industry as	that this authorization whedge or information insurance company. Ltd or its duly authorized information include information ory, condition, advice to make the above er the said information emed to be fit in fur duly authorize, PNB th PNB MetLife (who organization / entities occiations/federation).	o PNB MetLife India Life Inson is notwithstanding any law on, acquired by him/ her/them government organization, e orized representatives any renabout my/Life Assured's here or treatment), earnings or of authorizations. I also agree to ion or any information that matherance of the claim. MetLife to use, store, share, aether contained in this document on the purpose of process.	custom or usage for the to in attending upon or examination or knowledge about a latth (including any informather insurance benefits.) Trender help to P N B Methal help the company to protect transfer and disclose any ment or obtained otherwise or engaged by PNB Methal high protection of the sing this claim and / or for	ime being in force prohibining a person on the groon, institution or person my/Life Assured. I herebition relating to the use of the personal and sense) which may include budife, including reinsurers, providing subsequent se	oiting any physician ound of secrecy. to release to PNB y confirm that such of drugs or Alcohol, Co Ltd or its duly se the information of t not limited to my claim investigative	
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Plac	e:	Date:						
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Place:Date:								