

Annexure - Claim Form for reimbursement

Do You Know?

- Non-submission of original bills and receipts is the main reason for delay in claim settlements. Please provide the originals
- Provide your bank details for direct/ Electronic Fund Transfer (EFT) for faster claim settlement.
- To receive updates on your claim status, please provide your mobile no. & E-mail ID
- You can check your claim status at: www.nivabupa.com → Claims → Claims status → Login to check status.

Dear Policyholder,

Please fill the following information along with the reimbursement claim form for your medical insurance policy.

Policy No.

Membership No.

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

Name of Accountholder:

Bank Name:

Branch:

City:

IFSC Code:

Payment option: Cheque DD NEFT

***Note:** Please submit a cancelled cheque leaf or a copy of latest bank statement or passbook with accountholder's name, account no., and IFSC code mentioned on it.

CUSTOMER IDENTIFICATION PROCEDURE (AS PER KYC NORMS OF IRDAI)

Please submit clear and legible copy of one document (valid and effective as on date of claim submission) each from Part A and Part B and your recent passport size photograph (not more than 6 months old) incase claim amount exceeds Rs 100,000



| | |
|--|---|
| Part A Proof of legal name and any other names used | <ul style="list-style-type: none"> i. Pan Card ii. If Pan Card is not available please submit any of the documents mentioned belowstating reason for not having Pan Card. <ul style="list-style-type: none"> a. Passport b. Voter's Identity Card c. Driving License d. Personal Identification and Certification of the employees for your identity e. Letter issued by Unique identification Authority of Indiacontaining details ofname address and Aadhar Number f. Job Card issued by NREGA duly signed by an officer of the State Government |
|--|---|

| | |
|--|--|
| <p>Part B Proof of Residence</p> | <ul style="list-style-type: none"> i. Electricity Bill not older than 6 months from the date of claim submission ii. Telephone Bill pertaining to any kind of telephone connection like mobile, landline, wireless etc. Provided it is not older than 6 months from the date of claim submission iii. Ration Card iv. Valid lease agreement along with rent receipts which is not more than 3 months old as a residence proof v. Saving Bank Passbook with details of permanent/ present residence address (updated upto 1 month prior to claim submission document) vi. Statement of saving bank account with details of permanent/ present address (updated upto 1 month prior to claim submission document) |
|--|--|

I hereby declare that I have submitted above mentioned documents and recent photograph (not more than 6 months old) for the purpose of claim and the said documents are valid and effective.

Date

Signature of Policyholder:

(Please attach copy of a cancelled cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If name of the payee is not printed on the cheque leaf please attach copy of the first page of the bank passbook also)

Niva Bupa Health Insurance Company Limited

Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: www.nivabupa.com.

CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

Consent Letter

To,

Date

Medical Superintendent

I, Mr./Ms _____ Age _____ Resident

of _____ State _____ Here by

give my willful consent to Mr/ Dr _____ of Niva Bupa Health

Insurance Company Limited to verify and collect necessary documents/ statements including but not limited to certified copies of medical records from your esteemed hospital for the purpose of settlement of my Insurance claim.

My other relevant details are provided below;

Detail of Insured:-

DOA:-

DOD:-

MRD/ Indoor/ IP No:-

Policy No:-

I request you to provide all the information/documents as required by Niva Bupa Health Insurance Company Ltd.

Name

Signature/ Thumb Impression

Witness Name & Signature

Niva Bupa Health Insurance Company Limited

Registered office:- C-98, First Floor, Lajpat Nagar, Part I, New Delhi-110024

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: www.nivabupa.com.

CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.