	Universal Sompo General Insurance Co. Ltd. Suraksha, Hamesha Aapke Saath REIMBURSEMENT CLAIM FORM TO BE FILLED IN BY THE INSURED The issue of this form is not to be taken as admission of liabili	ty	
	DETAILS OF PRIMARY INSURED	(To be filled in block letters)	
a) Policy no:	b) SI. No/ Certificate	No:	
c) Universal	Sompo Health Serve Card No:		
d) Name:			
e) Address:			ŝ
0) / 1001000.			SECTION A
			Þ
City:	State:		
Pin Code:	Phone No: Email ID:		
	DETAILS OF INSURANCE HISTORY		
a) Currently	covered by any other Mediclaim/ Health Insurance: Yes No b) Date of commencement of first insurance	e without break:	
c) If yes, cor	mpany name: Policy No: Policy No:		s
Sum Insured	d (₹):d) Have you been hospitalized in the last four years since inception of the contract?	Yes No Date:	SECTION B
Diagnosis:	e) Previously covered by any	other Mediclaim/ Health Insurance : Yes No	B
-	mpany Name :		
i) ii yes, coi			
	DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name :			
b) Gender :	Male Female c) Age: years months d) Date of Birth:		
e) Relations	ship to Primary Insured: Self Spouse Child Father Mother Other (F	Please specify)	
f) Occupatio	on: Service Self Employed Homemaker Student Retired Other (F	Please specify)	
a) Address ((if different from above):		SECTION C
g) / lddi 035 (ONC
City:	State:		
Pin Code:	Phone No: Email ID:		
	DETAILS OF HOSPITALIZATION		
a) Name of I	Hospital where Admitted:		
b) Room cat	tegory occupied: Day Care Single occupancy Twin sharing 3 or more beds per	room	
c) Hospitaliz	zation due to: Injury Illness Maternity d) Date of injury/ Date Disease first detected/ Date of Delive	ery:	SEC
e) Date of A	Admission:	h) Time: : :	SECTION D
i) If injury, gi	ive cause: Self inflicted Road Traffic Accident Substance abuse / Alcohol Consumption	i. If Medico Legal: Yes No	
ii. Reported			
a) Dotoila cf	DETAILS OF CLAIM	Claim Documents Submitted- Check List:	
ŕ	talization Expenses ₹	Claim FormDuly signed	
	in Hospitalization Expenses ₹ iv. Health Check up Cost ₹	Copy of the claim intimation, if any	
v. Ambulanc		Hospital Main bill	
	Total ₹	Hospital Break-up bill	
vi. Pre hospi	italization period: days vii. Pre hospitalization period: days	Hospital Discharge Summary	s
b) Claim for	Domiciliary Hospitalization: Yes No (if yes, provide details in annexure)	Pharmacy Bill	SECTION E
c) Details of	f Lump sum / cash benefit claimed:	Operation Theatre Notes	Ē
i. Hospital D	Vaily Cash: ₹ ii. Surgical Cash: ₹	ECG	
iii. Critical Illi	iness Benefit: ₹ iv. Convalescence: ₹	Doctor's request for investigation	
v. Pre/Post ł	hosp. Lump sum benefit: ₹ vi. Others: ₹	Investigation Reports (including CT / MRI / USG / HPE)	
	Total ₹	Doctor's Prescription	
		Others	



1

2

3

4

5 6

Date:

Suraksha, Hamesha Aapke Saath DETAILS OF BILLS ENCLOSED SI. No. Bill No. Date Issued By Towards Amount (₹) Hospital Main Bill Pre hospitalisation Bills: Nos Post hospitalisation Bills: Nos Pharmacy Bills: DETAILS OF PRIMARY INSURED'S BANK ACCOUNT a) PAN: b) Account Number: c) Bank Name and Branch e) IFSC Code: d) Cheque/ DD Payable details:

DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize Universal Sompo GIC Ltd, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Place:

Signature of the insured:

SECTION F

SECTION G

SECTION H

Registered Office: Universal Sompo General Insurance Co Ltd, Unit 401, 4th floor, Sangam Complex, 127, Andheri Kurla Road, Andheri East, Mumbai - 400059 Health Claims Management: Universal Sompo General Insurance Co Ltd, Assotech One, 5th Floor, C-20/1A, C -Block, Sector-62, Noida -201309 Toll Free Fax No: 1800 200 9134; Toll Free Helpline No: 1800 200 5142; Email ID: healthserve@universalsompo.com Website: www.universalsompo.com; CIN# U66010MH2007PLC166770