

**HOSPITALIZATION CLAIM FORM**

TATA CHEMICALS LIMITED

The New India Assurance Company Limited
Registered and Head Office
New India Assurance Building,
87 M G Road, Fort, Mumbai

*LOT NO.

*CLAIM NO :

(A) EMPLOYEE DETAILS :

Name :

Employee Code No. :

Location :

TWL / Grade :

Contact No. :

HIS No. :

Address &
E-mail ID :**(B) PATIENT & ILLNESS DETAILS :**

Name :

Alfa Code :

Relationship :

Age :

Name of illness :

Hospitalization :

From :

To :

Name &
Address of Hospital :

Cashless Facility :

Availed / Not Availed :

Whether claim was made for pre and post
Hospitalization, if yes, gives details. :**(C) SUMMARY OF EXPENSES :**

PARTICULARS	NO. OF BILLS	AMOUNT	REMARKS, IF ANY
Hospital Charges			
Investigation			
Pharmacy / Medicine			
Miscellaneous			

Total Amount:

I hereby declare that the foregoing statements are true in respect and are made without any reservation. I also declare that I do not get nor I am likely to get any medical benefits for the above illness from any other source.

Date :

Signature :

* Need not to be filled by employee / applicant.