



NATIONAL INSURANCE COMPANY LIMITED
Administered by Medi Assist India Private Limited
Registered Office : 797, "Annapoorna" 10th Main, 4th Block,
Jayanagar, Bangalore 560 011

Claim form for Marvell Mediclaim Insurance

1	Name of the Employee			
2	Employee ID		E-mail	
3	Date of joining			
3	Contact Numbers	Telephone		Mobile
4	Name of the Patient claimed			
5	Age in completed years/Date of Birth	Date of Birth		Age in Years
6	Relationship and Occupation		Occupation	
7	Nature of Illness/disease/accident			
8	Date of Injury/Illness/Disease	(First Date of Illness or disease or accident)		
9	Period of Stay in Hospital	Date of Admission		
		Date of Discharge		
11	Amount Claimed in Rupees	Rs.		

I have incurred on the treatment of disease/illness/accident referred to above, the expenses as per details given by me in the Schedule of Expenses overleaf. In support of the above claim, I enclose the following documents:(to be ticked)

- 1 Bills, receipts and Discharge Summary/Certificate/Card from the Hospital.
- 2 Cash Memos from the Hospital/Chemist(s), supported by the proper prescription.
- 3 Receipt and pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner Surgeon demanding such pathological tests.
- 4 Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.
- 5 Attending Doctor's/Consultant's/Specialist's/Anaesthetist's bill, receipt and certificate.
- 6 Certificate from the attending Medical Practitioner/Surgeon that the patient is fully cured.

I further authorise the Company to apply and obtain any Medical Reports or documents or information from the concerned Hospitals / Medical Practitioners who attended on the Insured person.

The duly filled and signed claim form along with all the original bills have to be submitted to the Finance & Accounts of the respective location.

Please note: With respect to the parent claim being preferred the employee/ deperendent has to submit the Parent Depedency Declaration Form.

Date and Place :

Signature of the Marvell employee

For Office Use only

Policy Number : 604100/46/09/8500000030	Claim settled for Rs	
Claim Number :	Date of settlement	

