

**NON 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 DETAILS :**

Name :

Alfa Code :

Relationship :

Age :

Name of illness :

Period of illness :

From :

To :

(C) SUMMARY OF EXPENSES :

PARTICULARS	NO. OF BILLS	AMOUNT	REMARKS, IF ANY
Doctor's fee :			
Pharmacy			
Investigation			
Dental			
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.

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