



NLG INSURANCE COMPANY LIMITED

P.O. Box No : 20600, Lazimpat, Kathmandu, Nepal

Medical Claim Form

Insured:

Claim No. :

Policy No :

S.No.:

Member's Name:	Designation:	
Department:	Age:	
Dependant's Name:	Age: Relation:	
ACCIDENT	SICKNESS	
Date & Time:	Date:	
Place:	Name of Attending Doctor:	
How did it occur ?	Name of Hospital:	
Details of injury:	Diagnosis:	
Name of Attending Doctor:	Sick Leave if any:	
	From: To:	
Particulars of Treatment	Cost of Treatment (Rs.)	For Office Use Only
A. Surgeon & Anaesthetist's Fee B. Pathologist's Fee/Charges for X-Ray/ Electrical/Massage/Acupuncture Treatment etc. C. Charges for Maintenance of the Insured Person in Nursing Home or Hospital or Sanatorium D. Cost of any Surgical Appliance(s) E. Cost of Medicines & Drugs F. Private Doctor's Fees G. Other, if any		
Total Claimed Amount (Rs.)		
Encls: Supporting documents as Doctor's prescription, pathological reports, cash-memos etc. are attached herewith.		

DECLARATION

I declare that I have suffered due to the above described Accident/Sickness and to the best of my knowledge and belief the foregoing particulars are in every respect true. I also declare there is no any other source to cover the items claimed.

Date:

.....
Signature of Personnel Manager
(on behalf of the insured)

.....
Signature of the Claimant
(on behalf of the Dependant)