

CLAIM FORM

Important Notes

- To assist us in processing your claim efficiently and speedily, please complete this form fully, clearly and legibly.
- Please complete Sections A, B, C, D and E.
- The attending doctor should complete Section B.
- All claims should be submitted within 6 months from the starting date of the treatment.
- Please attach all original bills, retaining photocopies for your personal reference.
- A separate claim form should be used for each patient and each medical condition.
- Processing of your claim may be delayed if the information provided is incomplete.

SECTION A PATIENT DETAILS

Title	Mr. / Mrs. / Ms.					
Name & Surname:						
Policy Number:						
Date of Birth:	d	d	m	m	y	y
Address:						
Postcode: (if applicable)						
Country:						
Telephone:						
E-mail:						

