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CLAIM FORM

JET AIRWAYS (INDIA) LTD							
GROUP MEDICLAIM POLICY- 01.08.2015 TO 31.07.2016							
Name of Employee	:						
Employee No	:						
Division / Department	:						
Location / Station	:						
Name of Patient	:						
Patient's Relationship with Employee (on the relevant relationship)	:	Self	Spouse		Children		Parents
			W	H	D	S	M F
Nature of Illness	:						
Period of Hospitalisation	:	From				To	
Claim Intimation Number	:						

DETAILS OF EXPENSES FOR HOSPITALISATION	
To be supported by Original Bills, Cash Memos, Receipts, Reports, Discharge Card etc.	
Hospital expenses	
X ray / Pathological / Clinical reports	
Consultations	
Medicines / Drugs / Injections /Supplied by Hospitals	
Medicines / Drugs / Injections Purchased	
Others	
Total	

Reason for Delay in Submission of Documents If Any (Later than 15 days from Date of Discharge):

Reason for Non Intimation / Delay in Intimation If Any (Later than 15 days from Date of Admission):



Prithvi, Agni, Jal, Akash
Sab ki Suraksha Hamare Paas

Mode of Claim Settlement

_____ Electronic Transfer to Employee Bank Account (Details given Below) (Attach a Cancelled Cheque / Copy of the Cheque)

I request and authorize you to effect E - Payment vide NEFT / RTGS mode to my Bank Account as per the details given below	
Title of Account (As per Bank Records)	:
Account Type (Strike out the one which are not relevant)	Savings / Current / Cash / Credit / OD / Others If Others Please Specify _____
Name of the Bank	:
Address of Bank Branch	:
Bank A / c No	:
Bank Branch MICR Code	:
Bank Branch IFSC / NEFT Code	:
Email Address (Official Email ID, if available)	:
Employee Signature	:

Date : _____

Place : _____