भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Claim Intimation Form

For Health Insurance Policies (HCB & MSB Claims)

Form to be completed & signed by Policy Holder / Principal Insured only and submitted to the TPA

Issuance of this form does not amount to admission of any liability under the policy on the part of the insurer.

Particulars of the Principal Insured (Policy Holder)		
1	Name of the Policy holder / Claimant	
2	Policy Number	
3	Address for communication	
4	Telephone Number	(STD Code) (Telephone Number)
5	Mobile Number	
6	Email id	
Particulars of Third Party administrator		
7	Name of the TPA	
8	UHID Number allotted by TPA	
Details of the Insured Member for whom the claim is preferred		
9.	Name of the Insured Person	
	Relationship with the Principal Insured	
	Date of birth	
	Sex	
	Present occupation	
	Hospitalization Details	
10.	a) Name & Full Address of the Hospital/Nursing Home / Clinic	Pin Code
		State/U. Territory
	b) Date of Admission	
11	a) Name of the attending Doctor	
	b) Qualification & Registration No.	
	c) Telephone No.	
10	Nature of Disease/ailment *for which admitted*	
11	Date when Disease/ailment was first diagnosed/suspected/contacted	
	In case of injury; Nature of Injury & Date on which injury sustained	
12	Is a surgical procedure suggested as part of the treatment by the Doctor consulted? If so, please give details	

Please turn over ... Page 2

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statements, suppression or concealment, my right to the claim reimbursement shall be absolutely forfeited.

I also consent and authorize the Third Party Administrators & Life Insurance Corporation of India (Insurer) to seek medical information from any hospital / medical practitioner who has at anytime attended on me.

I also consent & authorize the hospital authorities/ medical attendant/medical practitioner to part with any medical information/treatment details pertaining to me/insured member to the TPA/LIC of India.

Dated at ……..this ……..day of ……..200

Signature of the Policy Holder (Principal Insured) / Claimant

Guidelines for submission of Claims

Step one:

1. This "Claim Intimation Form" (Form No: Form No: HI / Claim Intimation) should be submitted to TPA (This form should be submitted prior to hospital admission unless admitted in emergency)
2. The Principal Insured / Policy holder only should fill in this Claim form. Please note that the beneficiary is NOT authorized to fill in this claim form or submit claims. In case of non availability of the PI/PH/claimant being away in a foreign nation, or is under such circumstances, which do not permit him to submit the claim forms, then the claim forms may be submitted by his spouse with a declaration and informing circumstances under which the PI is unable to submit the claim forms.
3. **Ensure that all the particulars in the Claim Form are filled in without fail:**
    a. Policy Number & Name of the Principal Insured (Policy holder)
    b. TPA's Name & TPA card Number
    c. Particulars of the Beneficiary
    d. Hospital Name and address including Registration number
    e. Doctor's name, phone no. and Registration Number.
    f. Diagnosis of illness or injury. If injury, give the date it happened etc
4. If the difference of time in admission from one hospital to another hospital by way of transfer of the patient either on his own request or by the hospital is more than 12 hours the admission in the other hospital shall be treated as a new admission and claims settled accordingly.

Step two:

1. The "Hospital Claim Form" (Form No. HI/HOSPCLM/)along with the certified/attested Hospital Records & Medical Certificate should be submitted after the treatment is complete but with in 15 days of discharge from the hospital.
    ⇒ Bill, Receipt and discharge certificate / card from the Hospital.
    ⇒ Cash Memos from the Hospital / Chemist(s), supported by a proper prescription.
    ⇒ Receipt and pathological test reports from a Pathologist supported by the prescription from the attending Medical Practitioner / Surgeon for such Pathological tests.
    ⇒ Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.
    ⇒ Attending Doctor's / Consultant's / Specialist's / Anesthetist's bill and receipt and certificate regarding diagnosis.
    ⇒ FIR and related documents in respect of an accidental bodily injury claim (Medico Legal cases)

    ❖ **Please do not submit x-rays/scan reports. Submit the copies of doctor's prescription for the x-ray/scan; the X Ray/scan Bill and the X-Ray/Scan report only.**

Step three:

Communicate with TPA in Writing. It is always better to communicate with your TPA in writing. This allows you to maintain an accurate record of what you requested.

Step four:

Please allow reasonable time for TPA to process your claim. Submit the claim forms completed in all respects. After the TPA has all the required information; the TPA requires a minimum number of 7 working days to process your claim. The TPA will advise you on settlement of your claim. Finally, LIC will advise the authorized bank for payment of the Claim, once it is admitted.

(This Claim Intimation form can also be faxed to the fax number provided by the TPA in the brochure)