



The Oriental Insurance Company Limited

Regd. Office : Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002

CLAIM FORM FOR PRAVASI BIMA YOJANA-06

Name of Claimant : Mr. / Mrs. _____

Home address and Telephone No. in India _____

PERSONAL DETAILS OF INSURED PERSON :

Name Mr. / Mrs. _____ Age _____

Home address and Telephone No. in India _____

Insurance I.D. No/Policy No.. _____

Period: From _____ to _____

Occupation _____ Country of Employment _____

Passport No. _____ Place of Issuance _____

POLICY SECTION RELATING TO CLAIM		Tick Boxes
Section – IA	Personal Accident Benefits-	
Section – 1B	Family Floater Hospitalization Cover	
Section – IIA	Re-iamb. of Repatriation/Transportation Exp.	
Section- IIB	Re-iamb of Repatriation/Transportation Exp.	
Section– IIC	Litigation Expenses	
Section – III(A)	Hospitalization	
Section – II(B)	Maternity benefit(Woman Emigrant)	

Date of Injury / Illness _____

Nature of Injury / Illness _____

Place of Injury / Illness _____

Details of Expenses Claimed _____

Any other information _____

PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM AND READ CAREFULLY THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED. WHEN COMPLETED PLEASE SIGN DECLARATION:

I declare that to the best of my knowledge all particulars contained in this form are true. I also authorize _____ Third Party Administrator to obtain medical records or information necessary to process the claim from Hospital concerned or otherwise.

Name _____

Signature _____

Date _____

Place _____

DOCUMENTS REQUIRED

The following documents must be enclosed with your completed claim form :

1	Original Insurance Certificate / Policy	Applicable for all type of claims
2.	Copy of Insurance I.D. Card	
3.	Attested copy of Pass Port (All pages)	
4	Death Certificate issued by the Competent Authority	Applicable for Accidental Death cases only
5	Post Mortem Report	
6	Certificate/Report of the concerned Indian Embassy	
7	Police Report	Applicable for Death & Permanent Disability claim
8	Disability Certificate issued by the Competent Medical Authority alongwith other relevant medical documents	
9	Air-lines tickets alongwith medical advices for the) accompanying person, if applicable	Applicable for claims under Sections II
10	Grounds for repatriation certified by concerned Indian Mission / Post.	
11	Certificate from the Competent Medical Authorities lodged Confirming that the insured person contracted the only Major Ailment(s) during the period of employment Contract, if applicable	
12	Documentary proof confirming that service contract of the insured person is terminated on account of the Insured perils only	
13	Certificate by appropriate ministry of that company against the foreign employer. Actual expenses certified by Indian Mission / Post.	Legal Expenses incurred against employer.
14	<p>a. Original bills, receipts and discharge certificate / card from the hospital.</p> <p>b. Medical history of the patient recorded by the Hospital.</p> <p>c. Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.</p> <p>d. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.</p> <p>e. Attending consultants / Anaesthetists / Specialist certificates regarding diagnosis and bills / receipts etc.</p> <p>f. Surgeon's original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.</p> <p>g. Any other information required by Insurance Company.</p> <p>All the above documents must be duly attested by the Insured. The above documents should be duly certified by concerned Indian Mission / post if in case of emergency treatment is taken by the Emigrant Insured in the country of employment.</p>	Applicable if treatment not taken in the Networking Hospital

The required documents must be supplied with the Claim Form duly completed in all respects by the Claimant at his/her expense. The claimant shall also provide such further documents and information as may be sought by the Company from time to time. Failure to do so will delay the processing of your claim and could result in it being declined.