



**The Oriental Insurance Company Limited**  
Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002

**PRAVASI BHARATIYA BIMA YOJANA  
CLAIM FORM**

**A. DETAILS OF CLAIMANT**

Name of Claimant: Mr./Ms. \_\_\_\_\_

Relationship with the insured Emigrant \_\_\_\_\_

Address in India \_\_\_\_\_

City \_\_\_\_\_ State /UT \_\_\_\_\_

**Contact Details:**

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

**B. PERSONAL DETAILS OF INSURED EMIGRANT**

Name Mr. / Ms. \_\_\_\_\_

Age in completed year's \_\_\_\_\_

Insurance I. D. No/Policy No. \_\_\_\_\_

Period: From \_\_\_\_\_ to \_\_\_\_\_

Occupation \_\_\_\_\_ Country of Employment \_\_\_\_\_

Name of the Employer \_\_\_\_\_

Address of the Employer \_\_\_\_\_

**Contact Details of the Employer:**

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail \_\_\_\_\_

**C. DETAILS OF INSURED PERSON IN RESPECT OF WHOM THE CLAIM PERTAINS**

Name: Mr./Ms. \_\_\_\_\_

Relationship with the insured Emigrant \_\_\_\_\_

Address in India \_\_\_\_\_

City \_\_\_\_\_ State /UT \_\_\_\_\_

**D. Please tick POLICY SECTION that relates to your CLAIM**

Section – 1A (Personal Accident Benefits) ☐

Section - 1B (Family Floater Hospitalization) ☐

Section – II (i) (Hospitalization cover to Emigrant) ☐

Section- II (ii) (Maternity cover to women Emigrant) ☐

Section – IIIa( Cost of transporting/ local burial of dead body) Section – IIIb ( Attendant Airfare) ☐

Section - IVa (Insured airfare on suffering permanent total disability) ☐

Section – IVb( Attendant Airfare) ☐

Section – Vi (Repatriation if Insured falls sick, etc) ☐

Section – Vii (Repatriation if insured not received by employer,etc) Section – VI ( Legal Expenses) ☐

**E. Description of claim**

Date of Injury / Illness / cause of claim: \_\_\_\_\_

Place of Injury / Illness / cause of claim: \_\_\_\_\_

Nature of Injury / Illness /claim: \_\_\_\_\_

Details of Expenses Claimed: \_\_\_\_\_

**F. PLEASE COMPLETE APPROPRIATE SECTION(S) OF CLAIM FORM. PLEASE READ CAREFULLY THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED and SIGN the DECLARATION:**

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

Date \_\_\_\_\_ Place \_\_\_\_\_ (Signature of Claimant) \_\_\_\_\_

Name \_\_\_\_\_

**G. DOCUMENTS to be submitted (Please see the Policy for details)**

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

1. Copy of Insurance I.D. Card (Applicable for all type of claims)
2. Attested copy of Pass Port (All pages)
3. Certificate issued by the concerned Indian Mission / Consulate in case of Death /disability
4. If the insured is repatriated after injury, certificate of disablement, issued by the attending doctor in India
5. Air tickets in original, where applicable
- 6 . Certificate by the concerned Indian Mission / Post, giving grounds for repatriation /necessity of filing a legal case, as applicable, along with proof of expenses incurred
7. Hospital discharge summary along with Bill(s)/Cash Memo, Prescription, Investigation Report(s) etc.in Original
8. Any other document(s) mentioned under the relevant section of the policy

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.

The Company shall, also not be liable under the policy in respect of any claim, if such claim be in any manner-intentionally or fraudulently or otherwise misrepresented or concealed or involves making false statement or submitting false bills whether by the insured person or any Institution/ Organization on his behalf. Company shall be at liberty to take suitable legal action against the Insured person/ Institution/ Organization as per the laws.