

HEALTH INSURANCE CLAIM FORM

PART A: THIS SECTION TO BE COMPLETED BY CLAIMANT

- 1. Insured Name: 2. Policy Number: 3. Date of Birth:
4. Name of Patient: 5. Relationship to insured: 6. Date of Birth:
7. Nature of Ailment? (If ailment due to injury, where, and how happened):
8. Date Symptoms of ailment first appeared?
9. Has the patient ever had the same or similar medical conditions? Yes No
10. Name and address of physician first consulted:
11. If patient hospitalized, give name & address: Date of Admission: Date of Discharge:
12. Had the patient ever had the same ailment: If yes give details:
13. Are you entitled to any other benefit or compensation, from any source whatsoever? If so, give details:
14. Occupation/Duties

I hereby certify that all answers and all documents submitted with the Claim Form are complete and true. I hereby authorize any doctor, hospital, clinic or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/ or any of my family members to provide - IGI Life Insurance Limited with the information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be taken as the original copy.

Signature of Claimant Date

PART B: TO BE COMPLETED BY THE ATTENDING PHYSICIAN

- 1. Patient's Name: 2. Age:
3. Nature of Sickness/Injuries:
4. If due to pregnancy, give exact date of onset:
5. Was it confirmed by investigations:
6. When did symptoms first appeared?
7. When did the patient first consulted you?
8. If hospitalized give details:
9. Has the patient ever had a similar condition:
10. Name & date of Surgical procedure performed (describe in detail):

I, hereby certify that my answers to the foregoing questions are correct and true, to the best of my knowledge and belief, without evasion or reservation.

Date Signed & Stamped ATTENDING PHYSICIAN

Complete Address & Tel No.

The following original documents are to be attached:
i) Official receipt showing the attending physician's detailed charges alongwith his stamp and signature.
ii) Itemized pharmacy bill showing the date of purchase, name of patient, quantity and name of drugs alongwith the physician's prescription.
iii) Official receipt showing charges for each of the Lab. test, X-ray films, and other examinations done and supported by the respective physician's request to undergo examinations and results of examinations with original reports.

Complaints in Respect of Insurance Policy

If you have any complaint or grievance against the Insurance Company, Broker, Agent, Surveyor or Bank Representative in respect of your insurance policy, you may file your complaint with the following offices:

1. Federal Insurance Ombudsman

2nd Floor, Pakistan Red Crescent Society, Annexe Building, Plot # 197/5, Dr. Daud Pota Road, Karachi.
Tel: (021) 99207761-62 Website: www.fio.gov.pk

2. Official Coordinator, Small Disputes Resolution Committee – Islamabad

The Management Executive, Insurance Division, 3rd Floor, NIC Building, 63 Jinnah Avenue, Blue Area, Islamabad.
Tel: (051) 9207091 to 94 - Ext: 439 E-mail: complaints@secp.gov.pk

3. Official Coordinator, Small Disputes Resolution Committee – Karachi

The Deputy Director, Specialized Companies Division, 5th Floor, State Life Building No. 2, Wallace Road, Off I.I. Chundrigar Road, Karachi.
Tel: (021) 32414204 E-mail: complaints@secp.gov.pk

4. Official Coordinator, Small Disputes Resolution Committee – Lahore

The Deputy Registrar of Companies, Company Registration Office, 3rd & 4th Floor, Associate House, 7 - Egerton Road, Lahore
Tel: (042) 99204962 to 66 - Ext: 28 E-mail: complaints@secp.gov.pk

بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

وفاقی انشورنس محتسب،
سیکنڈ فلور، پاکستان ریڈ کرسنٹ سوسائٹی، انجیسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی
فون: 021-99207761-62
www.fio.gov.pk

دفتری رابطہ کار (لاہور)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
ایسوسی ایٹ ہاؤس، 3rd فلور، 07 ایجنٹ روڈ، لاہور۔
فون: (Ext 28) 042-99204962-66
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (اسلام آباد)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد
فون: 4-9207091-051-439
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
5th فلور، اسٹیٹ لائف بلڈنگ، 02، ول اس روڈ،
آف آئی آئی چندریگر روڈ، کراچی۔
فون: 021-32414204
ای میل: complaints@secp.gov.pk