



TRAVEL MEDICAL INSURANCE CLAIM FORM

Title & Initial of
Insured Person (Mr./Mrs./Miss).....

Last Name/Family
Name of Insured

Age of Insured Person

Home Address in
the kingdom of Nepal

Occupation

Details of Policy

Policy No.

Date of Purchase: Day Month Year

1st Day of Insurance: Day.....Month Year.....

Number of Days:

Physicians Report Attached to Policy: YES/NO

Once a claim becomes payable under the terms and conditions of the policy and costs have been met by you, or any person on your behalf ,please indicate below to whom you would like the cheque payable and their full address.

Payee's Name:

Address:

Date of Occurrence: Day.....Month.....Year.....



DOCUMENTS REQUIRED:- The following documents **MUST** be enclosed with your completed claim form at the claimant's expense.

1. CERTIFICATE OF INSURANCE OR COPY.
2. PHYSICIAN'S REPORT (ORIGINAL ATTACHED TO THE POLICY IF APPLICABLE)
3. COPIES OF AIRLINE TICKET
4. ORIGINAL BILLS OR RECEIPTS FOR THE FULL AMOUNT OF CLAIM.
5. A LETTER FROM YOUR USUAL DOCTOR IN THE KINGDOM OF NEPAL CONFIRMING ALL THE TREATMENT YOU RECEIVED IN THE TWELVE MONTHS PRIOR TO THE ISSUE DATE OF YOUR POLICY WHERE NO PHYSICIANS REPORT WAS ISSUED.

FAILURE TO SUPPLY THE ABOVE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR CLAIM AND COULD RESULT IN IT BEING DECLINED.

Signature

Date :