



# NLG INSURANCE COMPANY LIMITED

P.O. Box No : 20600, Lazimpat, Kathmandu, Nepal

## Medical Claim Form

Insured:

Claim No. :

Policy No :

S.No.:

Member's Name:		Designation:	
Department:		Age:	
Dependant's Name:		Age:	Relation:
<b>ACCIDENT</b>		<b>SICKNESS</b>	
Date & Time:		Date:	
Place:		Name of Attending Doctor:	
How did it occur ?		Name of Hospital:	
Details of Injury:		Diagnosis:	
Name of Attending Doctor:		Sick Leave if any:	
		From:	To:
Particulars of Treatment		Cost of Treatment (Rs.)	For Office Use Only
A. Surgeon & Anaesthetist's Fee			
B. Pathologist's Fee/Charges for X-Ray/ Electrical/Massage/Acupuncture Treatment etc.			
C. Charges for Maintenance of the Insured Person in Nursing Home or Hospital or Sanatorium			
D. Cost of any Surgical Appliance(s)			
E. Cost of Medicines & Drugs			
F. Private Doctor's Fees			
G. Other, if any			
Total Claimed Amount (Rs.)			
<i>Encls: Supporting documents as Doctor's prescription, pathological reports, cash-memos etc. are attached herewith.</i>			

### DECLARATION

I declare that I have suffered due to the above described Accident/Sickness and to the best of my knowledge and belief the foregoing particulars are in every respect true. I also declare there is no any other source to cover the items claimed.

Date:

.....  
Signature of Personnel Manager  
(on behalf of the insured)

.....  
Signature of the Claimant  
(on behalf of the Dependant)