



NATIONAL INSURANCE COMPANY LIMITED

DIVISIONAL OFFICE -32
NSIC BHAWAN, STBP EXTENSION
2ND FLOOR, OKHLA INDUSTRIAL AREA
NEW DELHI - 110020



MEDICLAIM CLAIM FORM

The issue of this claim form is not to be construed as an admission of liability on the part of the company & should be completed and returned to the aforesaid office National Insurance Company Limited, Within fifteen days.

LG Electronics India Pvt. Limited

Employee Name - _____

Designation - _____

Dept. / Process - _____

Emp. No.- _____

Contact No.- _____

Location : _____

Patient Name : _____

Relationship to Employee : _____

SMSID. : _____

E-Mail ID : _____

Date illness was first detected _____

Date of Hospitalisation _____

Nature of Ailment _____

Name of Disease _____

Duration of Hospitalisation _____

_____ To _____

Supporting Documents

1. Prescriptions recommending Hosp.
2. Discharge Summary containing all relevant Details
3. All Bills & Their receipts.
4. All Reports
5. Any other Document to substantiate the claim
6. Obstetric History

REMARKS :

AMOUNT CLAIMED Rs.

Note : 1. Separate Claim Form is to filled for each claim.

2. All Claims to be filed with National Within 15 days of completion of treatment.

Enclosures

No of Pages (____), No Of Radiological Films like X-Ray/CT/MRI/CT Etc (____) , No of CDs(_____)

Date : _____

Signature of Employee