



# Siddhartha Premier Insurance Limited

Head Office: Siddhartha Premier Bhawan, Babarmahal (Hanumansthan), P.O. Box: 24876,  
Kathmandu, Nepal. Tel: : 01-5705766, 5707190 Fax: 977-1-5706776

## HOSPITALIZATION I DOMICILIARY TREATMENT MEDICAL CLAIM FORM

ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY. PLEASE RETURN THIS  
FORM DULY COMPLETED.

<b>Insured:</b>		
<b>Policy No. :</b>		
<b>Period of Insurance:</b>		
<b>Name &amp; age of Staff :</b>		<b>Age:</b>
<b>Claimant:</b>		<b>Relation:</b>
<b>Medical Attendant/s :</b> (Name and Address of Doctor/s with NMC Number)		
<b>Details of Illness</b>		<b>If injured in an accident</b>
Please fill up the items under which the benefits are claimed in respect of the above illness/given amount claimed and enclosing original receipts, bills, prescriptions and the certificate completed by Doctor/s giving the medical attention in respect of which a claim is made.		Date & time :
		Place:
		Nature of injury:
		Personal Accident Policy No:
SN	Particulars	Claimed Amount NRs.
A	Doctor Charge	
B	Medicine and Drugs Prescribed	
C	Pathology / Lab Testis	
D	Electrical Treatment (X-ray, ECG, USC etc)	
E	Acupuncture / Physiotherapy Treatment	
F	Plaster / Bandage Charge and Materials	
C	Eye Treatment	
H	Dental Treatment	
I	Room and Nursing Expenses	
J	Surgeon's and Anesthetist's and Operation Theater Charges	
K	Other, if any, as per Policy	
<b>Total Amount</b>		

We declare that our member has suffered the above described injuries/illness and that to the best of our knowledge and belief the foregoing particulars are in every respect true.

We also declare that there is no other insurance or other source to cover the items claimed.

Date: \_\_\_\_\_

Signature of Claimant