



NB Insurance Company Ltd.

Naxal, Kathmandu, Nepal
Phone No. 01-4411510, 4411520, 4411735
Fax: +977-1-4411736

GROUP MEDICAL INSURANCE CLAIM FORM

This form is issued without admission of liability and should be completed and return to **NB Insurance company Limited** Kathmandu as soon as possible and if any event within 60 days of commencement of illness or date of accident.

POLICY NO:		HOSPITAL NAME:	
TABLE OF BENEFIT NO:			
INSURED NAME:		BRANCH :	
ADDRESS:		PHONE NO :	
EMPLOYEE'S NAME:		DESIGNATION :	
NAME OF THE DEPENDENT :		RELATIONSHIP :	
DATE OF BIRTH: (Patient)		CAUSE OF ILLNESS :	
		EXPENSES DETAILS	
S. N.	Particulars (Domiciliary)		Amount (Rs)
1	Doctor's Fee		
2	Medicine Bills		
3	Pathology Charges		
4	X-Ray Charges		
5	Bed Charge		
6	Surgical Charges		
7	Other Charges		
		Total (Figure) NRs:	

Amount in Words: _____

S. N.	Particulars (Hospitalization)		Amount (Rs)
1	Doctor's Fee		
2	Medicine Bills		
3	Pathology Charges		
4	X-Ray Charges		
5	Bed Charge		
6	Surgical Charges		
7	Other Charges		
		Total (Figure) NRs:	

Amount in Words: _____

I declare that I have/my dependent has suffered the above described injuries/illness and that to the best of my knowledge And belief the forgoing particulars are in every respect true. I also declare that there is no other insurance or other source to recover the item claimed.

Official Stamp:



Claimant's Signature: _____

Name: _____

Verified by

Name:
Designation:
Date: