



Orient Insurance Ltd (PB 4720)
Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

MEDICAL EXPENSE INSURANCE [OUT DOOR CLAIM FORM]

POLICY NO :

INSURED:.....

(1) Name of the Employee (in full)

(2) Occupation (describe only)

EPF No: Age: Tel No:

Name of the Patient	Relationship	Date of Treatment	Receipt No	Amount	
				Rupees	Cents
TOTAL					

I declare that the particulars that I have given above are true and correct and these expenses are not recoverable from any other source.

.....
Signature of the Employee

ORIENT / MEDILINK CLAIMS DEPARTMENT

Medilink Lanka (P) Ltd
104/1, Kumaran Ratnam Road
Colombo 02.
Tel: 011-2393960
Fax: 011-2393961

.....
Signature of the Insured
(Over the Rubber Stamp)