



general insurance

Bharti AXA General Insurance Company Limited

1800-103-2292 (Toll Free No.)
080-43573450 (Charges apply)
customer.service@bharti-axagi.co.in
SMS <SERVICE> to 5667700
www.bharti-axagi.co.in

SmartHealth Essential Health Insurance - Claim Form

Important Note

Issuance of this form is not to be taken as admission of liability
Please fill this form in Block Letters and Tick the Boxes [X] where appropriate and do not leave any column unanswered.
If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Part - I

Policy Number: [] Claim Number: []

Period of Insurance: [D|M|Y] to [D|M|Y] INS ID No.: []

1 Insured details:

Name of the Insured: []

Address []

Pin code [] City []

State []

Contact Nos. Mobile No. [] Office +91 []

Residence +91 [] E-mail ID []

For Group Policies: Corporate Name []

Employee Code []

Contact Nos. Mobile No. [] Office +91 []

Residence +91 [] E-mail ID []

2 Patient details:

Name of the Patient []

Gender: [] Male [] Female

Date of Birth [D|M|Y] Relationship with the Insured []

3 Claim details:

Type of Claim

[] Hospitalisation [] Domiciliary Hospitalisation [] Post Hospitalisation [] Critical Illness

[] Hospital Cash [] Others

Date of admission [D|M|Y] Date of discharge [D|M|Y]

Name of Hospital, where admitted/treated []

Address of Hospital []

Name of attending doctor/physician []

(Please attach a report from the attending physician in attached format)

4 Illness/disease:

Nature of Disease / Illness/ Diagnosis []

Date first noticed/symptoms of disease/Illness [D|M|Y]

Downloaded from www.insureatlick.com - Broker : Loyal Insurance Brokers Ltd.

Nature of treatment/surgery performed for present illness/disease/injury:

Was he under the influence of intoxicants or drugs at the time of accident?

If yes, please provide details of diagnosis done and alcohol content:

Are you his usual medical attendant? Yes No

If yes, please give detailsof previous treatment for any illness/disease/injury:

Date:

Doctor's Name (preferably name & address stamp) _____

Registration No.

Address:

Pin code: Telephone No:

Date: _____

Doctor's Signature

95/SHE/08/14098 www.insureatlick.com - Broker : Loyal Insurance Brokers Ltd.

