Claim Form *(Reserve Benefit)*

ApolloMunich HEALTH INSURANCE
www.apollomunichinsurance.com

TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

SECTION A – DETAILS OF PRIMARY INSURED			
a) Policy No.		b) UHID No.	

SECTION B- DETAILS OF INSURED PERSON			
a) Policy Holders Name			
b) Insured Person's Name			
c) Relationship of patient with Policy Holder			
d) Address			
e) Gender	☐ Male ☐ Female	f) Mobile No	
g)Telephone No		h) E-mail ID, if any	

SECTION C- DETAILS OF CLAIM AND DOCUMENT TO BE SUBMITTED

- Duly Filled claim form
- All document should be in Original. Photocopies will not be accepted
- ID proof of the insured

SECTION – D DETAILS OF BILLS ENCLOSED

Bill No	Date	Issued By	Towards (consultation/medicines/investigations/others)	Amount (Rs)
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	D D M M Y Y			
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	D D M M Y Y			

SECTION – E DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) Account Number		b) Bank Name / Branch	
c) PAN		d) IFSC Code	
e) MICR No			

*Please attach a cancelled cheque pertaining to the same

Note: It is agreed that the Policyholder/Claimant will intimate in writing to Apollo Munich Health Insurance Co. Ltd. about any change in bank account details. In an event Insured person bears expenses for treatment please provide account details of Insured Persons in the above format along with proof of incurring such expenses.

SECTION F– DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim, if any.

Date: Place Signature of Insured

Apollo Munich Health Insurance Co. Ltd. • 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • Corporate Identity Number: U66030TG2006PLC051760
UIN: IRDAI/HLT/AMHI/P-H/V.I/57/2016-17