



THE NEW INDIA ASURANCE COMPANY LIMITED

Regd. & Head Office : New India Assurance Bldg., 87, M.G. Road, Fort, Mumbai-400 001

Claim form for Pravasi Bhartiya Bima Yojana

Name of Claimant: Mr. / Mrs. _____

Home address and
Telephone No. in India _____

PERSONAL DETAILS OF INSURED PERSON:

Name Mr. / Mrs. _____ Age _____

Insurance I.D. No. _____ Valid from _____ to _____

Occupation _____ Country of Eomployment _____

POLICY SECTION RELATING TO CLAIM (Tick Boxes)

Section - I (Personal Accident Benefits)

Section - II (Re-imb. of Repatriation/Transportation Exp.)

Section - III (Hospitalization Benefits)

Section - IV (Re-Imbursement of One Way Air-fare)

Section - V (Family Floater Hospitalization Cover)

Date of Injury / Illness _____

Nature of Injury / Illness _____

Place of Injury / Illness _____

Details of Expenses Claimed _____



PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM AND READ CAREFULLY THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED. WHEN COMPLETED PLEASE SIGN DECLARATION:

I declare that to the best of my knowledge all particulars contained in this form are true. I also authorize _____ Third Party Administrator to obtain my medical records or information necessary to process the claim.

Date _____ Place _____ (Signature) _____



DOCUMENTS REQUIRED:

The following documents must be enclosed with your completed claim form:

1. Copy of Insurance I.D. Card) Applicable for all type
2. Attested copy of Pass Port (All pages)) of claims

3. Death Certificate issued by the Competent Authority)
4. Post Mortem Report)Applicable for Accidental
5. Certificate/Report of the concerned Indian Embassy)Death cases only
Confirming the accidental death)
6. Police Report)

7. Disability Certificate issued by the Competent Medical Authority alongwith other relevant medical documents)Applicable for Permanent
Total Disability claim

8. Air-lines tickets alongwith medical advices for the accompanying person, if applicable)
9. Certificate from the Competent Medical Authorities)Applicable for claims lodged
Confirming that the insured person contracted the)under Sections II & IV only
Major Ailment(s) during the period of employment)
Contract, if applicable.)
10. Documentary proof confirming that service contract)
Of the insured person is terminated on account of the)
Insured perils only)

11. Hospital discharge summary alongwith Bill(s)/Cash)
Memo, Prescription, Investigation Report(s) etc. in)Applicable if treatment not
Original if during the period of work contract,)taken in the Networking
If applicable.)Hospital

The required documents must be supplied with the Claim Form duly completed in all respects by the Claimant at his / her expense. The claimant shall also provide such further documents and information as may be sought by the Company from time to time. Failure to do so will delay the processing of your claim and could result in it being declined.