

# CLAIM FORM FOR COVID SECURE



Royal Sundaram

General Insurance

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

## PART A (TO BE FILLED BY THE INSURED)

INSURED DETAILS			
POLICY NUMBER			
NAME OF THE PROPOSER			
IS THE PROPOSER AN EMPLOYEE OF ROYAL SUNDARAM		YES / NO	
IF YES, EMPLOYEE NUMBER			
IS THE PROPOSER'S SPOUSE/CHILDREN/PARENTS/ANY OTHER RELATIVE AN EMPLOYEE OF ROYAL SUNDARAM		YES / NO	
IF YES, NAME AND EMPLOYEE NUMBER			
NAME OF THE INSURED			
DATE OF BIRTH			
GENDER			
PERMANENT ADDRESS			
ADDRESS FOR COMMUNICATION			
CONTACT DETAILS			
MOBILE NUMBER			
EMAIL ID			
DETAILS OF OTHER HEALTH INSURANCE POLICIES HELD BY THE INSURED		POLICY NO	PERIOD OF INSURANCE
			NAME OF INS CO
DETAILS OF CLAIM			
DATE OF CONFIRMATION OF CORONA VIRUS BY POSITIVE TEST RESULT			
SINCE WHEN HAVE YOU BEEN SUFFERING FROM SYMPTOMS OF CORONA VIRUS			
NAME AND ADDRESS OF THE HOSPITAL YOU WERE TREATED FOR CORONA VIRUS			
DATE OF ADMISSION AND DATE OF DISCHARGE			

### PLEASE PROVIDE YOUR BANK DETAILS: (PLEASE ATTACH CANCELLED CHEQUE LEAF OF BANK ACCOUNT IN THE NAME OF PROPOSER WITHOUT FAIL)

a) PAN

b) Account Number

c) Bank Name and Branch

d) IFSC Code

### 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 the 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.

Date

Signature of the Insured

**PART B (TO BE FILLED BY THE ATTENDING DOCTOR)**

Medical Information required for health insurance claim under COVID SECURE policy

**Name of the Patient:**

**Age:**

	Complaints	Yes/No	Duration in Years and Months
1	Has patient suffered from or has been suffering from fever, common cold, cough, shortness of breath, headache, fatigue or any other flu like symptoms etc. within last 1 month?		
2	Has the patient been suffering from diabetes and on continuous treatment for same in the last 1 year before purchase of policy? If so, what was the latest HbA1c Level at the time of policy purchase?		
3	Has the patient undergone any major surgery in the last 2 years like Heart Surgery, Kidney transplant, Liver transplant, joint replacement etc. prior to purchase of policy?		
4	Has the patient ever suffered from / is currently suffering from and on continuous treatment for any of the following- Ischemic Heart disease Stroke Paralysis Kidney failure Cancer Tuberculosis HIV Lung diseases like COPD, Asthma?		

Date

Place

Signature and Seal  
of the Attending physician