

ANMOL MEDICARE LIMITED

2nd Floor, NBCC House, Opp. Stock Exchange, Ambawadi, Ahmedabad – 380 015

Tel No. 079 – 40009999, 9926, 9936 Fax: 079 – 40009990

Website: www.anmolmedicare.com Email: inquiry@anmolmedicare.com

CLAIM INTIMATION

1. Name Of Insured: _____

2. Insured Address:

3. Policy No.: _____

4. Policy Period: _____ to _____

5. Name Of Patient: _____

6. Date Of Hospitalization: _____

7. Nature Of Disease: _____

8. Name & Address Of Hospital:

9. Name Of treating Doctor : _____

10. Estimated Amount of expenses : _____

11. Other Detail, if any:

Place: _____

Date: _____

Sender's Name: _____