



NECO INSURANCE LTD.

Beema Bhawan, Gyaneshwor, Kathmandu, Nepal

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HEALTH INSURANCE CLAIM FORM

Insured :		Claim No.	
Policy No.		S. No./ Emp. No.	
Member's Name		Designation:	
Department		Age	
Dependant's Name:		Relation /Age:	

For Claim relating to injury an accident/ Illness

1	Date and time of Accident / Illness	
2	Place of Accident/ Illness	
3	Cause Of Accident/ Illness	
4	Name of Hospital:	
5	Name of Doctor's	

Details of Claims:

Benefit No.	Description Of Treatment Received	Claim Amount	
		Domiciliary	Hospitalization
I.	Room/Bed etc., Nursing Expenses including		
II.	Doctors fee/Anesthesia/Surgeon/Specialist fee.		
III.	Surgical operating including Anesthesia charge, Operation Theatre charge and Surgeon's charge for operation, Blood, Oxygen and other related materials and equipment charges including cost of Dialysis /Chemotherapy/Radio Therapy/ Ventilator and similar expenses.		
IV.	Pathology Charge , X-Ray, MRI, CT Scan, Angiography and other investigative test or charges.		
V.	Medicines/ Drugs, Injection, Artificial Limbs and Surgical Appliances.		
VI.	Cost of Physiotherapy during hospitalization.		
	Total Rs.		

I declare that I have /my dependent has suffered the above described Injuries/ Illness and that to the best of my knowledge and belief the foregoing particulars are in every respect true. I also declare that there is no other insurance or other source to cover the items Claimed.

Signature of Personnel Manager

(on behalf of the insured)

Signature of the Claimant

(on behalf of the Dependant)