



Date :	Location :
Employee Name :	Claimant Name :
Claim intimation no :	Corporate Name :
Type of Claim (Main claim/Pre-Post/Deduction/Deficiency)	No of Pages submitted :

CHECK LIST

Sr. no	Particulars	Collected Yes/No
1	Duly Filled & signed Claim Form of IRDA.	
2	Original Discharge Card / Summary/Transfer Summary/Death Summary	
3	Original Final Bill of the Hospital with breakup of all charges	
4	Original Bill Paid Receipt (Deposit/Final payment receipt) with revenue stamp	
5	Original Investigation Reports (ECG, USG, CT Scan, X-ray, Blood report, A scan etc)	
6	All Imaging Films, ECG Strips, Doppler / Angiogram CD etc	
7	Original Pharmacy bill with supporting prescriptions.	
8	Hospital Registration Certificate (in case of a unknown small hospital)	
9	Any other original documents related to the claim.	
10	MLC/FIR in case of Accident cases.	
11	Copy of intimation mail	
12	Contact details of insured & patient is mandatory	
13	Photo ID proof of patient is mandatory.	
14	Clarification letter if delay in submission of claim documents.	
15	KYC of patient and Insured, contact details of Claimant and email	
16	Indoor case papers is mandatory.	
17	Aadhar Card of patient is mandatory as per IRDA Circular # IRDA/SDD/MISC/CIR/248/11/2017	
18	Original Cancel cheque with name of beneficiary & IFSC code	

Name & Signature of Employee :	Name & signature of the receiver
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