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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

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Paramount Healthcare Management Pvt. ltd
Elit Auto House, 1st Floor, 54-A, M. VasANJI Road
Off. Andheri-Kurla Road, Andheri (E)
Mumbai 400 093
Tel No: - 022-67515521
Email: paramounttpa.com

Claim Form

Name of the Insured: _____

Policy No: _____ Identification No.: _____

Citizenship ID Card No: _____ Gender:- M / F Age: _____

Address: _____

Contact No: _____ Email id: _____

Nature of Disease/Illness: _____

Date of Admission: _____ Date of Discharge: _____ Hosp.Inpatient no.

Name of the hospital: _____

Please mark as (√) Nature of claim

- a) Pre- Hospitalization () b) Hospitalization () c) Post- Hospitalization ()
d) Travel Allowance ()

Total Amount Claimed: _____ Payable to Hospital: _____

Name of the treating doctor: _____

Address & Telephone no: _____

Declaration: I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

I ALSO CONSENT AND AUTHORISE THE THIRD-PARTY ADMINISTRATOR TO SEEK MEDICAL INFORMATION FROM ANY HOSPITAL / MEDICAL PRACTITIONER WHO HAS AT ANY TIME ATTENDED ON ME

Date: _____

Signature of Claimant: _____

Place: _____

Thimphu Post Box # 315
Pling Post Box # 77

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