

Reimbursement Claim Form

		SI		N 1: CLAIMANT to be filled by the c		ENT		
				PLAN PARTIC	ULARS			
Name of Dombie								
Name of Participant :					_	CNIC # of Doubicinous		
Name of Patient :					_	CNIC # of Participant	:	
Age of Patient : Relationship with Participant :						Wellness Card No.	:	
Relationship wi	th Participant	:			_	Plan No.	:	
DET	ΓAILS OF ILL	NESS	 F	Pre & Post Hospit	alization	□ OPD	☐ Hospita	lization
Date of illness first noticed :		:			Date of red	covery	:	
Diagnosis Has the claimar	nt suffered from	this illness befor	e?	Yes / No	(If yes, plea	ase give date(s) and de	tails below)	
TOTAL AN	MOUNT OF	CLAIM		Pre & Post Hosp	italizatio	on 🗖 OPD	☐ Hospita	lization
	e column below a		ed and	attach original (not pho	tocopies) of	all relevant paid receipt	supported by releva	ant
Sr. No.	Receipt No.	Date	N	lame of Expense	Pa	itient's Name	Relationship with Employee	Amount (in PKR)
					<u> </u>			
					1			
			<u> </u>					
			To	otal			ſ	



c) Support / Evidence (Reports, prescription etc.)d) Attach valid copy of CNIC and Wellness Card2) Form needs to be completed in all aspects

DECLARATION BY THE PARTICIPANT & COVERED PERSON			
I/We, as a claimant, hereby declare that the information provided in the form are true and complete to the best of m record. I also hereby authorize TPL Life Insurance Limited - WTO in order to seek information from any doctor, hospita organization or person that has any record information or acknowledge of health/treatment and from any other Insur which a proposal has any time been made, and the giving of such information.	al, laboratory, any other		
Participant Signature	Date of Statement		
SECTION 2: PHYSICIAN STATEMENT (To be filled by the Attending Physician)			
DETAILS OF HOSPITAL/ CLINIC/ MEDICAL CENTER			
Name of Hospital/ Clinic attended :			
Name of medical practitioner consulted :			
Period of confinement : From: To:			
Were any medicines prescribed: Yes / No (If yes, please list the medicines prescribed and administered below	w)		
DECLARATION BY THE ATTENDING PHYSICIAN			
I confirm having treated Mr/Mrs/Miss:between the dates	and and		
that the details shown on this form are consistent with my own knowledge of the patient.			
Signature of Attending Physician with stamp Dat	Date of Statement		
*Note: 1) Mandatory documents which needs to be submitted with claim form are as follows: a) Proper itemized hospital original bills b) Discharge Card / Summary			

TPL Life Insurance Limited 19-B, Lane 3, SMCHS, in the lane of Roomi Masjid, Shahrah-e-Faisal, Karachi. Tel: $(021)\ 111-000-330$ Email: info@tpllife.com

Complaints in Respect of Takaful Scheme

If you have any complaint or grievance against the Takaful company, broker, agent, surveyor or bank representative in respect of your takaful scheme, you may file your complaint with the following offices:

1. Federal Insurance/Takaful Ombudsman

2nd Floor, Pakistan Red Crescent Society, Annexe Building, Plot# 197/5, Dr. Doud Pota Road, Karachi.

Phone: 021-99207761-62 Website: <u>www.fio.gov.pk/</u>

2. Official Coordinator, Small Disputes Resolution Committee - Karachi

The Deputy Director, Specialized Companies Division 5th Floor, State Life Building No. 2, Wallace Road,

Off. I.I. Chundrigar Road, Karachi.

Direct no.: 021-99002021 UAN: 021-111-117-327

Email: complaints@secp.gov.pk

3. Official Coordinator, Small Disputes Resolution Committee -Lahore

The Deputy Registrar of Companies, Company Registration Office, Lahore.

Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore.

Direct no.: 042-99014050 UAN: 042-111-117-327

Email: complaints@secp.gov.pk

4. Official Coordinator, Small Disputes Resolution Committee-Islamabad

The Management Executive, Insurance/Takaful Division

3rd Floor, NICL Building, Islamabad.

Direct no.: 051-9195391 UAN: 051-111-117-327

Email: complaints@secp.gov.pk

5. Securities and Exchange Commission of Pakistan

Toll-Free No.: Toll free 080088008

بیمہ یالیسی کے متعلق شکایات

اگرآپ کواپنی بیمه پالیسی کے متعلق انشورنس ممپنی، بروکر، ایجنٹ، سروئیر یابینک نمائندے کے خلاف کوئی شکایت ہوتو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:۔

وفاتی انشورنس محسب. سینڈ فلور، پاکتان ریڈ کرینسٹ سوسائٹی، انیکسی بلڈنگ، پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

021-99207761-62 :ಲ್

دفتری رابطه کار (اسلام آباد) اسال ڈسپیوٹس ریز ولوش کمپنی سیکورٹیز اینڈ ایکسپین کمیشن آف پاکستان تھر ڈفلور، این آئی سی اہل بلڈنگ، اسلام آباد

براہ راست نمبر: 051-9195391 یواسے این: 051-111-117-327 ای مسکل: complaints@secp.gov.pk

دفتر می رابطه کار (لا ہور) اسمال ڈسپیوٹس ریز ولوثن کمپنی سیکور ٹیز اینڈ السینج نمیشن آف پاکستان ایسوسی ایٹ ہاؤس، 3rd فلور، 07- ایجرٹن روڈ، لا ہور برادراست نمبر: 042-99014050 براد این: 042-111-117-272

ای میل: complaints@secp.gov.pk

سيكيور شيز اينڈ اليسين كيشن آف پاكستان لول فرى نبر: 080088080 لول فرى

دفتری رابطه کار (کراچی) اسال ڈسپیوٹس ریز ولوشن کمپنی سیکیو رٹیز اینڈ اسپنج کمشن آف پاکستان 5th فلور،اسٹیٹ لائف بلڈنگ 02، ولاس روڈ، آف آئی آئی چندریگر روڈ، کراچی۔

براهراست نمبر: 021-99002021 يواكاين: 021-111-117-327 د د complaints@secp.gov.pk