TPLLife
Window Takaful Operations
Formerly Dar-Es-Salaam Textile Mills Ltd.

Reimbursement Claim Form

SECTION 1: CLAIMANT STATEMENT
(To be filled by the claimant)

PLAN PARTICULARS

Name of Participant : _____

Name of Patient : _____ CNIC # of Participant : _____

Age of Patient : _____ Wellness Card No. : _____

Relationship with Participant : _____ Plan No. : _____

DETAILS OF ILLNESS ☐ Pre & Post Hospitalization ☐ OPD ☐ Hospitalization

Date of illness first noticed : _____ Date of recovery : _____

Diagnosis : _____

Has the claimant suffered from this illness before? Yes / No (If yes, please give date(s) and details below)

_____

_____

_____

TOTAL AMOUNT OF CLAIM ☐ **Pre & Post Hospitalization** ☐ **OPD** ☐ **Hospitalization**

Please list in the column below all expenses claimed and attach original (not photocopies) of all relevant paid receipt supported by relevant prescriptions and discharge summary

Sr. No.	Receipt No.	Date	Name of Expense	Patient's Name	Relationship with Employee	Amount (in PKR)
Total						

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 my/our knowledge, belief, and record. I also hereby authorize TPL Life Insurance Limited - WTO in order to seek information from any doctor, hospital, laboratory, any other organization or person that has any record information or acknowledge of health/treatment and from any other Insurance / Takaful company to which a proposal has any time been made, and the giving of such information.

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)

_____

_____

_____

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 | 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

c) Support / Evidence (Reports, prescription etc.)

d) Attach valid copy of CNIC and Wellness Card

2) Form needs to be completed in all aspects

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: www.fio.gov.pk/

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 پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سروئیر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:۔

دفتری رابطہ کار (اسلام آباد)
اسمال ڈسپیوٹس ریزولوشن کمپنی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد

براہ راست نمبر: 051-9195391
یو اے این: 051-111-117-327
ای میل: complaints@secp.gov.pk

وفاقی انشورنس محتسب۔
سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی

فون: 021-99207761-62
www.fio.gov.pk

سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
ٹول فری نمبر: 080088008 ٹول فری

دفتری رابطہ کار (لاہور)
اسمال ڈسپیوٹس ریزولوشن کمپنی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
ایسوسی ایٹ ہاؤس، 3rd فلور، 07- ایجرٹن روڈ، لاہور

براہ راست نمبر: 042-99014050
یو اے این: 042-111-117-327
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)
اسمال ڈسپیوٹس ریزولوشن کمپنی سیکیورٹیز اینڈ ایکسچینج کمشن آف پاکستان
5th فلور، اسٹیٹ لائف بلڈنگ 02، ولاس روڈ،
آف آئی آئی چندریگر روڈ، کراچی۔

براہ راست نمبر: 021-99002021 یو اے این: 021-111-117-327
ای میل: complaints@secp.gov.pk