



MEDICAL EXPENSE - CLAIM FORM

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

POLICY PARTICULARS

Name of insured : _____

Name of Patient : _____ CNIC # of insured : _____

Age of Patient : _____ Wellness Card No. : _____

Relationship with insured : _____ Policy 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 INSURED PERSON & ASSURED

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 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.

Insured 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) A valid copy of CNIC and Wellness Card
- 2) Form needs to be completed in all aspects

TPL Life Insurance Limited

19-B, Lane 3, SMCHS, in the lane of Roomi Masjid, Shahr-e-Faisal, Karachi.

Tel:(021) 111 – 000 – 330 Email: info@tpllife.com

Complaints in Respect of Insurance Policy

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

1. Federal Insurance 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 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، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

وفاقی انشورنس محاسب
سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انٹیکسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62
www.fio.gov.pk

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

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

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

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

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

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

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