

## 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)
<b>Total</b>						

**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**

2<sup>nd</sup> Floor, Pakistan Red Crescent Society, Annexe Building, Plot# 197/5, Dr. Doud Pota Road, Karachi.  
Phone: 021-99207761-62  
Website: [www.fio.gov.pk/](http://www.fio.gov.pk/)

## **2. Official Coordinator, Small Disputes Resolution Committee -Karachi**

The Deputy Director, Specialized Companies Division  
5<sup>th</sup> 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](mailto:complaints@secp.gov.pk)

## **3. Official Coordinator, Small Disputes Resolution Committee -Lahore**

The Deputy Registrar of Companies, Company Registration Office, Lahore.  
Associate House, 3<sup>rd</sup> & 4<sup>th</sup> Floor, 7-Egerton Road, Lahore.  
Direct no.: 042-99014050  
UAN: 042-111-117-327  
Email: [complaints@secp.gov.pk](mailto:complaints@secp.gov.pk)

## **4. Official Coordinator, Small Disputes Resolution Committee-Islamabad**

The Management Executive, Insurance/Takaful Division  
3<sup>rd</sup> Floor, NICL Building, Islamabad.  
Direct no.: 051-9195391  
UAN: 051-111-117-327  
Email: [complaints@secp.gov.pk](mailto: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 پوتا روڈ، 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