

CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED IN BY THE INSURED

The issue of this form is not to be taken as an admission of liability

DETAILS OF PRIMARY INSURED

a) Policy No: 06-23-1919-8403-00000099 b) SI. No/Certificate No:   
c) Company TPA ID No:   
d) Customer ID:   
e) Company Name: DELOITTE CONSULTING PRIVATE LIMITED f) Employee No: 604316   
g) Name: ARCHANA KANKAM   
h) Address: HOUSE NO 3-143 SC COLONY NEAR GRAMPANE   
HYATT HUZURABAD MANDAL SIRSAPALLE   
City: KARIMNAGAR State: TELANGANA Pin Code: 505468   
Phone No: 9746429987 Email ID:   
SECTION A

DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim / Health Insurance ☐ Yes ☒ No   
b) date of commencement of first insurance without break   
c) If yes, company name: Policy No:   
Sum Insured (Rs.):   
d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☐ No Date: DD MM YYYY   
Diagnosis   
e) Previously covered by any other Mediclaim / Health Insurance: ☐ Yes ☐ No   
f) If yes, Company Name   
SECTION B

DETAILS OF INSURED PERSON HOSPITALIZED

a) Name of the Patient: ARCHANA KANKAM   
b) Health ID card no of the Patient: DTI-23-604316   
c) Gender: Male ☐ Female ☒ d) Age: years 29 months 08 e) Date of Birth 10/05/1993   
f) Relationship of Primary insured: Self ☒ Spouse ☐ Child ☐ Father ☐ Mother ☐ Other ☐ (Please Specify)   
g) Occupation: Service ☒ Self Employed ☐ Homemaker ☐ Student ☐ Retired ☐ Other ☐ (Please Specify)   
h) Address (if different from above)   
City: State: Pin Code:   
i) Phone No: 9746429987 j) Email ID: karachana@deloitte.com   
SECTION C

DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted: RAJA RAJESHWARA HOSPITAL   
b) Room Category occupied: Day Care ☐ Single occupancy ☒ Twin sharing ☐ 3 or more beds per room ☐   
c) Hospitalisation due to: Injury ☐ Illness ☐ Maternity ☒   
d) Date of Injury/Date Disease first detected/Date of Delivery: 14/12/2022   
e) Date of admission 14/12/2022 f) Time: 01:28 g) Date of Discharge 16/12/2022 h) Time: 01:00   
i) Name of treating doctor: CH. MEGHANA Diagnosis   
j) If injury give cause: Self ☐ inflicted ☐ Road Traffic Accident ☐ Substance Abuse /Alcohol Consumption ☐   
i) If Medico legal: Yes ☐ No ☐ ii) Reported to police: Yes ☐ No ☐   
iii) MLC report and Police FIR attached: Yes ☐ No ☐ j) System of Medicine   
SECTION D