

Section A-To be filled in by the Claimant/Patient

1. Name of the Company / Policy Holder	<input type="text"/>		
2. Name of the Claimant	<input type="text"/>		
(State the full & correct name in which cheque has to be prepared in case of reimbursement, if the beneficiary is an employee)			
3. Name of the Claimant's Father / Spouse	<input type="text"/>		
4. Full Address of Claimant	<input type="text"/>		
5. Full Name of the Patient	<input type="text"/>		
6. Date of Birth of Patient	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. CNIC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Policy Number	<input type="text"/>	Certificate #:	<input type="text"/>
9. Patient's Relationship to Claimant	<input type="checkbox"/> Employee	<input type="checkbox"/> Dependent	Total Amount Claimed in Rs.: <input type="text"/>
10. State the nature of illness/injury/Medical Condition	<input type="text"/>		
11. State the date at which symptoms first occur	<input type="text"/>		
12. The Patient last working day	<input type="text"/>		
13. Name the hospital from where the treatment has been taken for present condition	<input type="text"/>		
14. Address of the hospital	<input type="text"/>		
15. Name of the Doctor	<input type="text"/>		
16. If we require an independent medical examination at which address the patient would be located:	<input type="text"/>		
17. Is the patient entitled for any other insurance or medical benefit? If yes, please provide brief details:	<input type="text"/>		
18. Is this a continuation of previous or current treatment? If yes please give brief details:	<input type="text"/>		

I, the above claimant, certify that all answers and all documents submitted with the form are complete and true to the best of my knowledge and belief. I, hereby authorize any doctor, hospital clinic, medical provider, company, institution or any other person who has any record/information about me or my family members to provide Jubilee Life Insurance Company Limited for this claim. Any photocopy of this declaration/authorization shall be taken as original copy

Signature of the patient
(if the patient is under 18 (minor) the claimant should sign)

Signature & Stamp of the Employer

Date (dd/mm/yyyy)

To be filled in case of Reimbursement if the beneficiary is an employee

Bank Name with Branch Name	<input type="text"/>
Location of Branch	<input type="text"/>
Bank Account number	<input type="text"/>

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Signature & Stamp of the Employer

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Section B-To be filled in by the treating Doctor

1. Name of the Patient
2. How long you have been patient's doctor?
3. Since how long the patient is suffering from the present medical condition? Please state the exact date & year
4. What is your diagnoses regarding injury/illness/medical condition?
5. Please provide brief detail of surgical, Gynaecological or Obstetrical procedure performed (if any)
6. Please tick the appropriate regarding the disease
☐ CONGENITAL ☐ INFERTILITY ☐ PSYCHIATRIC ILLNESS ☐ COSMETIC ☐ SUICIDE ☐ CONTRACEPTIVE ☐ OTHERS
7. Please provide brief detail of treatment given or prescribed:
8. Has the patient ever suffered from or been treated for the same or related medical condition? If yes please brief details with dates
9. In case of Maternity claim please state expected date of delivery:
10. In case of Caesarian Section, please specify its medical necessity
11. The date you were first consulted for this condition:

I hereby certify that my answers to the above questions are correct and true to the best of my knowledge and belief:

Name of the Doctor:
Address of the Doctor:
Phone Number: Date:

NOTE: Providing correct information is the responsibility of consultant & patient both. In case a material difference is found in inpatient Claim Form and Final Discharge Summary, then the payment of hospitalization expense would be the responsibility of consultant & patients

Physician Signature

Physician's Stamp

Patient's Signature

HOW TO GO ABOUT MAKING A CLAIM

EMERGENCY CASES: In event of an Emergency the Patient could rush to any hospital whether it is part or not of panel of Jubilee Life Insurance Company Limited. In case of NON-PPN Hospital, the charges incurred by the insured will be reimbursed provided that the total expenses falls within the limit provided to him/her. All Original Documents related to hospitalization (Hospital Bill, Discharge Summary etc) along with duly filled in-Patient Claim Form should be sent to Jubilee Life Insurance Company Limited for reimbursement.

If the treatment is availed from NON-PPN Hospital, the charges incurred by the insured will be reimbursed, provided that the total expenses falls within, the limit provided to him/her. All Original Documents related to hospitalization (Hospital Bill, Discharge Summary etc) along with duly filled In-Patient Claim Form should be sent to Jubilee Life Insurance Company Limited for reimbursement.

NON-EMERGENCY CASES: While going for NON-EMERGENCY Treatment as Planned Surgeries or Hospitalization where treatment is to avail from Panel Hospital, the insured has to take prior approval from Jubilee Life Insurance Company Limited by filling PART A of the Claim Form and making PART B filled by the treating doctor. The Claim form along with supporting documents for hospitalization should be send to Company for approval. The insured will be issued a CREDIT LETTER valid for 30 DAYS in favor of concern Hospital which should be submitted by insured to the hospital. All bills for Hospitalization will be settled directly by Jubilee Life Insurance Company Limited. No cash payment would be required by Patient except non-medical items as water bottles, pampers etc.

PLEASE NOTE: Incomplete Claim Forms would not be accepted for processing of payments.
All original documents should be attached with the claims. Photocopies are not acceptable.

Following Jubilee Life Insurance Company Limited Offices will be available on working days to assist you

KARACHI (HEAD OFFICE) 74/1-A, LALAZAR, M.T. KHAN RAOD, P.O. BOX NO. 4895, KARACHI-74000, PAKISTAN. TEL: 021-35611071-75 FAX: 021-35611349, 35610959	LAHORE: 21-1, GULBERG-3, MAIN FEROZ PUR ROAD, LAHORE. TEL: 042-35843612-19 FAX: 042-35841913	ISLAMABAD: B-DD-83, FIRST FLOOR, MINHAS PLAZA, SHAMSABAD, MAIN MUREE ROAD, RAWALPINDI. TEL: 051-4575208-5210-5218 FAX: 051-4575209
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Jubilee Life Insurance Company Limited

(formerly New Jubilee Life Insurance Company Limited)

74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.

Phone: (021) 35611071 - 5, 35611802 - 8, Fax: (021) 35610959, 35610805, SMS: JLI 1313

UAN: 111-111-554 (JLI), Email: info@jubileelife.com, Website: www.jubileelife.com