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Punjab Life
Insurance Company Limited

PUNJAB LIFE INSURANCE COMPANY LIMITED (PLIC)
CORPORATE HOSPITALIZATION CLAIM FORM (IPD REIMBURSMENT)

INSTRUCTIONS: (Please read them carefully):

1. In order for us to provide you with efficient services, please complete the form accurately in "CAPITAL LETTERS".
2. Filled forms should be sent to Punjab Life Insurance Company Limited within 30 days of the expense incurred date.

EMPLOYEE DETAILS (To Be Filled by the Employee)			
Name of Employee		Name of the Patient	
Name of the Company		Relation with Employee	
Employee ID		Authority Letter No.	
Mobile No.		Bank Account Title	
CNIC #	_____ - _____ - _____		

HOSPITALIZATION / PRE & POST HOSPITALIZATION CLAIM (IPD)	
Documents Attached with the Claim: ☐ Hospital Bill (Original) ☐ Discharge Summary (Copy) ☐ Birth Certificate (In case of Birth) ☐ Lab Reports (Copy) ☐ Pharmacy Bills (Original) ☐ Prescription (Copy)	• ☐ Hospitalization ☐ Maternity ☐ Pre / Post Hospitalization • Name of Hospital: • Name of Treating Doctor: • Date of Admission: _____ Date of Discharge: _____ • ☐ Emergency ☐ Elective • Has the claimant suffered from this illness before? ☐ YES ☐ NO • **Claimed Amount:** _____

Disclaimer: Please note that in case any of the above documents are missing, the claim will not be processed.

DECLARATION:	**To be filled by attending physician/hospital (In Case of HOS/MAT):**
I hereby declare that all the information furnished in this claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize Punjab Life Insurance Company Limited (PLIC) to seek necessary medical information / documents from any hospital / medical practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim in accordance with the checklist mentioned and that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any. Any photocopy of this declaration shall be taken as the original copy.	• Patient's Name: • Final Diagnosis: • Procedure: I hereby certify that my answers to the above questions are correct and true to the best of my knowledge and belief.

Head Office: 1st Floor, Pakistan Engineering Congress Building, 97-A/D-1, Liberty Market, Gulberg III, Lahore.
Land Line: +92-42-37897452 | Email : info@punjablife.com.pk

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Signature of the Employee: _____	**Signature / Stamp of the HR: _____**
Mobile No. & Address: _____	**Signature / Stamp of Doctor: _____**

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