

Claim Intimation Form

SAFeway INSURANCE TPA PVT LTD

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| 1. Member ID/ Safeway ID Card : | |
| 2. Policy Number : | |
| 3. Name of Policyholder : (in whose name policy is issued) | First Name : |
| | Last Name : |
| 4. Name of person admitted : | First Name : |
| | Last Name : |
| 5. Date of Birth / Age : | (DD__ /MM__ /YYYY__) _____ Years |
| 6. Address : | |
| | City : State : Pin Code : |
| 7. Date & Time of admission : | |
| 8. Admission Type (Planned/Emergency) | |
| 9. Provider Name : | |
| 10. Provider address in case of non network : | |
| | City : State : Pin Code : |
| 11. Provisional Diagnosis : | |
| 12. Treatment Planned : | |
| 13. Estimated Expenses : | Rs. |
| 14. Estimated length of stay (if it is an inpatient treatment) : | _____ Days |
| 15. Contact details, if changed : | |
| 16. Intimating Persons with relationship : | |
| 17. Admitting Doctor details : | |

Date :

Place :

Signature of person who intimating the claim