

**NOTIFICATION / INTIMATION FORM
(For AMR/CIC/Nirapotta Claims)**

To
Claims Department
Chartered Life Insurance Company Limited
Head Office, Dhaka

Policy No : _____

Name of Policy Owner : _____

Claim Type : AMR CIC Nirapotta

Date of Incident/Sickness : _____

Date of Admission : _____

Date of Discharge : _____

Name of Hospital/Physician : _____

Cause of Claim : _____

Mobile No : _____

E-mail : _____

Present Address : _____

Signature of Policy Owner

Date : _____

Name of FA/UM/BM/Marketing Executive

Signature

Code No