Chartered Life
Secured Life

Chartered Life Insurance Company Ltd.

Head Office : Islam Tower (8th Floor), 464/H, DIT Road, West Rampura
Dhaka-1219. Telephone : 02-55128956-57

CHARTERED HEALTH INSURANCE

CLAIM FORM

(Applicable for Reimbursement Facility)

Type of Claim :
Hospitalization (IPD) ☐
General OPD ☐
Dental OPD ☐
Optical OPD ☐

1. Name of Organization :	Employee ID :
2. Name of Employee :	Cell No. :
3. Name of Patient :	
4. Relationship with Employee : ◯ Self ◯ Husband ◯ Wife ◯ Son ◯ Daughter ◯ Parents	
5. Date of Prior Intimation :	6. Member ID :
7. Name & Address of Admitted Hospital/Clinic :	
8. Date of Admission :	9. Date of Discharge :

10. Breakup of Hospitalization Treatment Expenses :-

Cost, Charges and Fees in respect of	**Amount (Taka)**
Hospital Accommodation	
Consultant's Fee	
Routine Investigations	
Medicines/Drugs	
Surgical Charges	
Ancillary Services	
Others	
Total	

Signature of the Employee/Claimant
Date :

Signature of the Div./Dept. Head
Date :

(To be filled in by the Plan Secretary of the Organization)

Ref. No. Date :

Forward to **Chartered Life** with the necessary supporting documents marked over leaf for processing of the claim as per Contract.

Signature of Plan Secretary with Seal

N. B. : Please note that reimbursement of claim can only be made when all **copies** of documents and **original** bills are submitted together with this form as mentioned over-leaf.