

## 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