Amana Takaful
HALE & HEARTY
Medical Insurance

Amãna Takaful
Insurance Redefined

SURGICAL & HOSPITALISATION TAKAFUL CLAIM FORM

ALL QUESTIONS MUST BE FULLY ANSWERED

CERTIFICATE HOLDERS DETAILS

NAME : ..... / COMPANY NAME .....

CERTIFICATE NO : ..... CONTACT NO. .....

N I C NO : ..... MEMBERSHIP NO : .....

PATIENT'S DETAILS

NAME : .....

MEMBERSHIP NO : .....

DETAILS OF ILLNESS / ACCIDENT / HOSPITALISATION

NATURE OF ILLNESS : .....

(Please write in your own words)

COMMENCEMENT DATE OF ILLNESS : | DD | MM | YY |

HAVE YOU PREVIOUSLY SUFFERED FROM SIMILAR ILLNESS | YES | NO | *IF YES PLEASE GIVE DETAILS*

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GENERAL INFORMATION

IS A CLAIM BEING MADE UNDER ANY OTHER CERTIFICATE OR CERTIFICATES IN RESPECT OF THIS INJURY OR ILLNESS OR IS COMPENSATION BEING RECEIVED FROM ANY OTHER SOURCE ?

YES	NO	*IF YES PLEASE GIVE DETAILS*

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PERIOD OF HOSPITALISATION FROM | DD | MM | YY | TO | DD | MM | YY |

TOTAL HOSPITAL EXPENSES Rs.

THERE HAS BEEN NO SUPPRESSION OF FACTS AND TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION ARE TRUE

DOCUMENTS ATTACHED WITH THIS FORM

YES	NO	ORIGINAL & FINAL BILL FROM THE HOSPITAL
YES	NO	ORIGINAL RECEIPTS
YES	NO	ORIGINAL DIAGNOSIS CARD
YES	NO	OTHER .....

.....

		DD	MM	YY
SIGNATURE OF CERTIFICATE HOLDER		**DATE**	

ALL QUESTIONS MUST BE FULLY ANSWERED

DOCTOR'S MEDICAL REPORT

PATIENT'S NAME : .....

ILLNESS FOR WHICH TREATMENT WAS GIVEN : .....

WHEN IN YOUR OPINION COULD THE ILLNESS HAVE BEEN CONTRACTED OR BEGUN : .....

WHEN WERE YOU FIRST CONSULTED FOR THE ILLNESS ? .....

HAS THE PATIENT PREVIOUSLY SUFFERED FROM THIS ILLNESS ? | YES | NO | *IF YES, PLEASE GIVE DETAILS*

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HAS THE PATIENT TO YOUR KNOWLEDGE ANY OTHER ILLNESS ? | YES | NO | *IF YES, PLEASE GIVE DETAILS*

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DOCTOR'S INFORMATION

NAME .....

DOCTOR'S SEAL & SIGNATURE (MANDATORY)

DATE | DD | MM | YY |