



# UNITED INSURANCE CO. (NEPAL) LTD.

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An ISO Certified Co.



ISO 9001:2008

## MEDICAL AID SCHEME CLAIM FORM

Medical Aid Scheme for the Employee of ..... This Form is issued without admission of liability and should be completed and returned to United Insurance Co. (Nepal) Ltd., Kathmandu as soon as possible and in any event within 30 days of the commencement of illness or the date of accident.

### 1. Member:

Name of Patient:  
Home Address:  
Office Address:  
Designation/Relationship of Employee:  
Sex:

### 2. If injured in an accident

Date and Time of Accident:  
Where did it occur:  
Details of Cause:  
Injuries Sustained:

### 3. If an illness

Details of illness: .....

### 4. Medical Attendants

Name and Address of Doctor:  
Attending Member:

### 5. Details of Claim

Please fill up the items under which the benefits are claimed in respect of the above illness/accident giving amount claimed and enclosing original receipt, bills, prescriptions and have the certificate completed by doctor giving the medical attention in respect of which a claim is made.

### HOSPITALIZATION / DOMICILIARY

S.No.	Subject	Cost
1.	Pathology Charge	
2.	Diagnostic Materials, X-ray, Dialysis, Chemotherapy, Radiotherapy	
3.	Medicine / Drugs, Injection, Surgical Appliances, Artificial Limbs	
4.	Room Charge and Consultant Fee	
5.	Anesthetist, Operation Theatre Charge, Surgeon's Charge for Operation, Blood, Oxygen	

I Declare that I have / my dependent has suffered the above described injuries / illness and that to my best of my knowledge and benefit the foregoing particulars are in every respect true, I also declare there is no other insurance or other source to cover the items claimed.

Date

Signature of Claimant