Amana Takaful
HALE & HEARTY
Medical Insurance

Amãna Takaful Insurance

Amãna

SURGICAL & HOSPITALISATION TAKAFUL CLAIM FORM

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 : ....

COMMENCEMENT DATE OF ILLNESS : DD | MM | YY

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

....

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*

....

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 ....

SIGNATURE OF CERTIFICATE HOLDER

DD | MM | YY
DATE

Amana Takaful PLC (No. PQ23)
98, Bauddhaloka Mawatha, Colombo 04, Sri Lanka. Tel : 94-11-750 1219, 011-750 1220 Fax : 94-11-750 1218 Email : medical@takaful.lk Website : www.takaful.lk

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*

....

....

....

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

....

....

....

DOCTOR'S INFORMATION

NAME ....

DD	MM	YY

DOCTOR'S SEAL & SIGNATURE (MANDATORY)

DATE