

KUTUMB SWASTHYA BIMA POLICY - Group

A. DETAILS OF PRIMARY INSURED

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e) Previously covered by any other Medicaclaim/Health insurance: Yes ☐ No ☐ f) If yes, Company Name:

Gender: Male ☐ Female ☐ Age: years months

Hospital Daily cash: For injury For Illness

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Signature of Claimant:

Name of Claimant: _____

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Signature & Seal of the Doctor

- Certified copies of hospital treatment records and diagnostic reports
- Certified copy of FIR, MLC Copy, Spot Panchnama.
- Photograph of insured showing disability

BENEFICIARY DETAILS

- Duly filled and signed Central KYC Registry form (applicable for benefit of Rs 1,00,000 & above)
- Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable for benefit of Rs 1,00,000 & above)
- Insured bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

Note: The Company reserves the right to seek additional documents (including KYC documents) and information as and when necessary for processing of the claim.