

DOMICILARY CLAIM : CANARA BANK IBA POLICIES FORM**TO BE FILLED BY THE INSURED**

The issue of this Form is not to be taken as an admission of Liability
(TO BE FILLED IN BLOCK LETTERS)

**A) Details of Primary Insured**

i)	Policy No.	
ii)	Employee ID of the Primary Insured	
iii).	Raksha Member Id	
iv)	Name of the Primary Insured	
v)	Address of the Insured	
vi)	Mobile No. (Mandatory)	
vii)	E-mail ID: (Mandatory)	

B) Details of Patient

i)	Name of Patient	
ii)	Gender	
iii).	Age years Months : DOB	
iv)	Relationship to Primary Insured	
v)	Occupation	
vi)	Address (if different from above)	

C) Details of OPD Treatment:

i)	Nature of illness/diagnosis	
ii)	Name of Doctor & Hospital	
iii)	Qualification of Medical Practitioner	
iv)	Address & Registration No of Doctor & Hospital	
v)	Period of Treatment taken.	
vi)	Total amount Claimed	

