

# Overseas Medclaim Claim Form (Sample)

## For Accidental Hospitalization

The **Overseas medclaim claim form** sample for accidental hospitalization provides a structured template to facilitate smooth processing of insurance claims. This form ensures all necessary details, such as patient information, hospitalization duration, and accident specifics, are accurately recorded. Utilizing this sample helps expedite claim approvals and reimbursement for medical expenses abroad.

### Section 1: Patient Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Passport Number:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
Current Address (Overseas):	<input type="text"/>

### Section 2: Policy Information

Policy Number:	<input type="text"/>
Name of Insurer:	<input type="text"/>
Policy Period:	<input type="text" value="dd/mm/yyyy - dd/mm/yyyy"/>
Sum Insured (in USD):	<input type="text"/>

### Section 3: Hospitalization Details

Hospital Name:	<input type="text"/>
Hospital Address:	<input type="text"/>
Date of Admission:	<input type="text"/>
Date of Discharge:	<input type="text"/>
Diagnosis:	<input type="text"/>

### Section 4: Accident Details

Date of Accident:	<input type="text"/>
Time of Accident:	<input type="text"/>
Place of Accident:	<input type="text"/>
Brief Description:	<input type="text"/>

### Section 5: Claim Details

Total Amount Claimed (USD):	<input type="text"/>
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**Breakup of Claimed Amount:**

**Section 6: Bank Details for Reimbursement**

**Account Holder's Name:**

**Bank Name:**

**Account Number:**

**Swift Code / IFSC:**

**Bank Address:**

**Section 7: Declaration**

I hereby declare that the information provided above is true, complete, and accurate to the best of my knowledge. I authorize the insurance company to collect relevant medical information for processing this claim.

**Name:**

**Date:**

**Signature:**

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**Note:** Please attach all supporting documents (hospital bills, medical reports, receipts, copies of passports, travel tickets, etc.) along with this claim form for faster processing.