

Overseas Medclaim Claim Form Sample (Emergency Medical Evacuation)

Download the **Overseas medclaim claim form** sample specifically designed for emergency medical evacuation cases. This form ensures swift processing of your insurance claims during urgent medical situations abroad. Fill in accurate details to facilitate smooth reimbursement and support.

Claimant Details

Full Name:

Policy Number:

Date of Birth (DD/MM/YYYY):

Passport Number:

Contact Number Abroad:

Medical Evacuation Details

Date of Incident:

Location of Incident:

Medical Diagnosis:

Reason for Emergency Evacuation:

Name & Address of Hospital:

Details of Transportation (Ambulance/Flight, etc.):

Attachments Required

- Copy of insurance policy
- Doctor's certificate stating medical necessity
- Hospital bills and discharge summary
- Proof of payment for medical transportation
- Copy of passport/visa

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurer to obtain further medical or other information as required.

Signature of Claimant:

Date: