

# Cashless Claim Form Sample for Family Floater Policy

Download our **cashless claim form sample** for family floater policy to simplify your claim process. This form helps you easily provide all necessary details for quick and hassle-free approval. Ensure a smooth medical expense reimbursement for your entire family with this comprehensive template.

## Cashless Claim Form

### Policy Holder Details

Policy Holder Name:

Policy Number:

Contact Number:

Email ID:

### Patient Details

Patient Name:

Relationship to Policy Holder:

Date of Birth:

### Hospitalization Details

Admission Date:

Nature of Illness / Injury:

Hospital Name:

Treating Doctor:

Estimated Expense (Rs.):

### Bank Details (for reimbursement, if required)

Account Holder Name:

Bank Name:

Branch:

IFSC Code:

Account Number:

### Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge. I agree to provide all necessary documents as requested by the insurance company.

☐ I agree

Submit Claim