

Overseas Mediclaim Claim Form Sample (Filled)

Download our **Overseas mediclaim claim form sample** with filled details to simplify your insurance reimbursement process. This example provides a clear guide on how to accurately complete the form for faster claim approval. Ensure all information is correctly filled to avoid delays in your overseas medical claim settlement.

A. Policy Holder Details

Policy Number	OMC/2023/987654	Issuing Office	Mumbai Main Branch
Full Name of Insured	Rohit Kumar Sharma	Date of Birth	22/08/1987
Passport Number	K1293873	Nationality	Indian
Address in India	504, Rosewood Apartments, Andheri East, Mumbai, Maharashtra, 400059		
Contact Number	+91 9876543210	Email	rohit.sharma@email.com

B. Travel Details

Destination Country	United Kingdom	Purpose of Visit	Business Meeting
Date of Departure	05/06/2024	Date of Return	19/06/2024
Overseas Address	Hilton London Metropole, 225 Edgware Rd, London, W2 1JU, United Kingdom		

C. Claim Details

Date & Time of Accident/Illness	11/06/2024, 10:15 AM	Date Notified to Insurer	12/06/2024
Nature of Illness/Injury	Acute Gastroenteritis		
Name & Address of Hospital/Clinic	St. Mary's Hospital, Praed St, London W2 1NY, UK		
Dates Admitted & Discharged	Admitted: 11/06/2024, Discharged: 13/06/2024		
Total Expenses Incurred	GBP 1,200	Claimed Amount	INR 1,28,500
Invoice/Receipt Attachments	Medical Bills, Discharge Summary, Doctor Prescription, Passport Copy, Boarding Pass		

D. Bank Account Details

Bank Name	HDFC Bank	Account Number	50200012345678
IFSC Code	HDFC0000211	Account Holder Name	Rohit Kumar Sharma

E. Declaration

I hereby declare that the above information is true and complete to the best of my knowledge.

Signature: *Rohit Kumar Sharma*

Date: 15/06/2024

Note: Attach all original documents and invoices to expedite claim approval. For guidance, refer to this sample when filling your own Overseas Mediclaim Claim Form.