

Overseas Medclaim Claim Form

For Pre-Existing Conditions

The **Overseas medclaim claim form** sample for pre-existing conditions provides a clear template to help policyholders submit claims efficiently. It includes essential sections for declaring medical history and treatment details related to pre-existing ailments. Using this form ensures smooth processing and timely reimbursement during international travel emergencies.

1. Policy Holder Details

Policy Number:

Name of Policyholder:

Date of Birth:

Passport Number:

Contact Information (Email & Phone):

2. Travel Details

Travel Destination(s):

Departure Date:

Return Date:

3. Medical History Declaration

Do you have any pre-existing conditions?

Select

If yes, please describe your pre-existing condition(s):

4. Treatment & Hospitalization Details

Name of Hospital/Clinic:

Date of Admission:

Date of Discharge:

Reason for Hospitalization/Treatment (attach supporting documents):

Treating Doctor's Name:

5. Claim Details

Total Medical Expenses Incurred (in USD):

Amount Claimed:

Details of Previous Claims for Pre-Existing Condition (if any):

6. Bank Details (for Reimbursement, if approved)

Bank Name & Branch:

Account Holder's Name:

Account Number:

IFSC/SWIFT Code:

7. Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I authorize the insurance company to seek further information from my physician if required.

Signature of Policyholder:

Date: