



Form No. PBBY-4

THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

CLAIM FORM FOR PRAVASI BHARTIYA BIMA YOJANA POLICY**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

Name of Claimant: Mr. / Mrs. _____

Home address and

Telephone No. in India _____

PERSONAL DETAILS OF INSURED PERSON:

Name Mr. / Mrs. _____ Age _____

Insurance Policy No. _____ Valid from _____ to _____

Occupation _____ Country of Employment _____

POLICY SECTION RELATING TO CLAIM (Tick)

Section - I (Personal Accident Benefits)

Section - II (Re-imb. of Repatriation/Transportation Exp.)

Section - III (Hospitalization Benefits)

Section - (Re-Imbursement of Add on Benefits)

Date of Injury / Illness _____

Nature of Injury / Illness _____

Place of Injury / Illness _____

Details of Expenses Claimed _____

PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM AND READ CAREFULLY
THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED. WHEN
COMPLETED PLEASE SIGN DECLARATION:

I declare that to the best of my knowledge all particulars contained in this form are true. I also
authorize Insurance Company's Representative to obtain my medical records or information
necessary to process the claim.

Date _____ Place _____ (Signature) _____

DOCUMENTS REQUIRED:

The following documents must be enclosed with your completed claim form:

1. Copy of Insurance Policy)Applicable for all type
2. Attested copy of Pass Port (All pages)) of claims
3. Death Certificate issued by the Competent Authority)
4. Post Mortem Report)Applicable for Accidental
5. Certificate/Report of the concerned Indian Embassy)Death cases only
Confirming the accidental death)
6. Police Report)
7. Disability Certificate issued by the Competent Medical)Applicable for Permanent
Authority alongwith other relevant medical documents)Total Disability claim
8. Air-lines tickets alongwith medical advices for the)
accompanying person, if applicable)
9. Certificate from the Competent Medical Authorities)Applicable for claims lodged
Confirming that the insured person contracted the)under Sections II only
Major Ailment(s) during the period of employment)
Contract, if applicable.)
- 10.Documentary proof confirming that service contract)
Of the insured person is terminated on account of the)
Insured perils only)
- 11.Hospital discharge summary alongwith Bill(s)/Cash)
Memo, Prescription, Investigation Report(s) etc. in)Applicable if treatment
Original if during the period of work contract,)taken Hospital
If applicable.

The required documents must be supplied with the Claim Form duly completed in all respects by the Claimant at his / her expense. The claimant shall also provide such further documents and information as may be sought by the Company from time to time. Failure to do so will delay the processing of your claim and could result in it being declined.