



NBCC (INDIA) LIMITED
[A Government of India Enterprise]
H.R.M. DIVISION, MEDICAL CELL

CIRCULAR

SUB: NBCC Group Mediclaim Insurance Policy for Regular Employees and their dependent family members (as per the scheme) for the period from 01.07.2024 to 30.06.2025

Ref: NATIONAL INSURANCE COMPANY LIMITED: GMP POLICY

We are pleased to inform that NBCC Group Mediclaim Insurance Policy w.e.f. 01.07.2024 to 30.06.2025 for our Regular Employees is obtained from the **M/s National Insurance Company Limited, New Delhi**. Further, Insurance Company has appointed **M/s Genins India Insurance TPA Ltd, New Delhi** as Third Party Administrator for providing services under the policy.

The detailed Mediclaim Policy for Regular Employees for the period from 01.07.2024 to 30.06.2025 is attached as Annexure – I (Coverage under the Policy). All the employees are requested to read the policy.

It is pertinent to mention here that from this year medi-claim policy top up policy and Annual Health check up for all employees has been introduced for detail refer the scope of work given in the policy.

The details of the Top-Up policy is as under:

Employee Category	Premium Amount (Inclusive of GST)					
	Top up SI for Rs 2.5 Lakh	Top up SI for Rs 5 Lakh	Top up SI for Rs 7.5 Lakh	Top up SI for Rs 10 Lakh	Top up SI for Rs 12.5 Lakh	Top up SI for Rs 15 Lakh
Board Level	19211	27443	38420	49398	54886	60374
Group A & B	16465	21955	27443	31102	36590	40250
Group C	13722	18296	22869	25919	30492	33542

It may please be noted that the benefit of Top-Up can be availed by the Regular employee post their successful remittance of above Top Up Premium. Thus, willing Regular Employee are urged to make aforesaid premium payment directly to the Insurance Company (National Insurance Co. Ltd) with following bank details as early as possible **on or before 31.07.2024** for full term coverage:

IFSC Code	UTIB0000005
Name of Bank and Address	AXIS BANK LIMITED, KOLKATA MAIN BRANCH
Title of the account	NATIONAL INSURANCE CO. LTD
Account No.	923020041866254
Account Type	CURRENT ACCOUNT

Handwritten signature and date: 14/7/24

Further, the soft and hard copy of new Medical ID Cards for the successive term of policy i.e. from 01.07.2024 to 30.06.2025 will be issued by the TPA within 10 working days and 20 working days respectively.

The reimbursement claim form is attached with the Circular which needs to be duly filled and sent to the following address:

**Medical Section,
NBCC Place, Pragati Vihar, HRM Non-Executive Division,
NBCC (India) Ltd, Bhishm Pitamah Marg, New Delhi-110003**

Further, the contact persons (escalation matrix) from TPA for various mediclaim related issues like Cashless, reimbursement, Cards, etc. are as under:

GENINS INDIA INSURANCE TPA LTD.		
Address: 1E/13, 2ND FLOOR, JHANDEWALAN EXTENSION, NEW DELHI-110055		
SINGLE POINT OF CONTACT: MR. NITIN BHARDWAJ- <u>8860158712/8376901507</u> (WILL BE STATIONED AT NBCC PLACE, PRAGATI VIHAR)		
CASHLESS		
L-1	PRAVEEN KUMAR, CRM Executive	8376901424 crm@geninsindia.com, cashlessnoida@geninsindia.com
L-2	DR. SALEEM, Manager Claims	9015530686 drsaleem@geninsindia.com
L-3	DR. SUMIT GARG, Chief Administrative Officer	8376901412 drsumit@geninsindia.com
REIMBURSEMENT		
L-1	NIKHIL PANT, Claims	9899946048 nikhilpant@geninsindia.com
L-2	DR. SUCHI, Manager Claims	drsuchi@geninsindia.com
L-3	DR. SUMIT GARG, Chief Administrative Officer	8376901412 drsumit@geninsindia.com

In case the queries/grievance(s) are not resolved by the aforesaid TPA Nodal Officers, the following official of Insurance Company could be contacted in exceptional and urgent circumstances:

L-1	Dr Hanuman Meena Deputy Manager	Mobile No. 9099998524 E-mail: hanuman.meena@nic.co.in
L-2	Mr Rajesh Sehgal Deputy Manager	Mobile No. 9810164682 E-mail: rajesh.sehgal@nic.co.in
L-3	Mrs Anita Poddar Regional Manager	Mobile No. 7412085600 E-mail: anita.poddar@nic.co.in

gusth
2/14

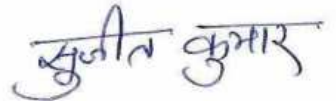
Even after aforesaid, in case of any unresolved queries/concerns by TPA, regular employees or his dependents may contact the following officials (escalation matrix) of NBCC only during office hours on any working days (Monday to Friday):

1.	NODAL OFFICER Shri Swarup Banerjee, Assistant Manager (HRM) Mobile No. (in case of emergency only): 9078072499 e-Mail : hrm.medical@nbccindia.com
2.	Shri Shekhar Mahajan, Deputy Manager (HRM) Mobile No. (in case of emergency only): 8130272424 e-Mail : hrm.medical@nbccindia.com
	PRINCIPAL NODAL OFFICER
3.	Shri Sujit Kumar, Addl. General Manager (HRM) Principal Nodal Officer Mobile No. 8527033518 E-mail: sujit.kumar@nbccindia.com

The other Nodal Officers as nominated against respective state (refer Annexure – II) will ensure that all issues relating to hospitalization, reimbursement, pre/post hospitalization, etc. of the regular employees posted/residing in state are attended promptly and settled at their level by pursuing the Help Desk of TPA- **Genins India Insurance TPA Ltd.** directly or in co-ordination with TPA representative. The Nodal Officers are also expected to discharge their duties / obligations in this regard as a part of their overall functional responsibility.

This is issued with the approval of Competent Authority.

Hindi version of the circular will follow.



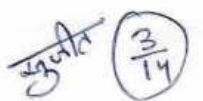
[SUJIT KUMAR]
AGM (HRM)
PRINCIPAL NODAL OFFICER (MEDICAL)

NBCC/HRM/Medical/GMP (Regular)/2024/01

Date: 29th June 2024

DISTRIBUTION: Through ERP

1. All Employees
2. All RBGs/SBGs/ HODs in Corporate Office
3. TO to CMD / DGM (HRM) to D(F)/ TO to D (P) / TO to D(C)/ DGM(HRM)to CVO
4. All Nodal Officers
5. All Functional Unions/Associations of Regular Employees
6. M/s Genins India Insurance TPA Ltd.
7. M/s National Insurance Company Ltd.



COVERAGE UNDER THE POLICY

Coverage Under NBCC Group Mediclaim Policy: 2024-25 for regular employees and their dependent family members for the period from 01.07.2024 to 30.06.2025 is given below:

01. SUM INSURED

CATEGORY	SUM INSURED (IN LAKHS) [Sum Insured – Per family / Per Annum]
Board Officials	4.50
Group – ‘A’ & ‘B’ Officials	3.00
Group – ‘C’	2.50

The definition of family will be as decided by the NBCC (India) Limited.

01(a). Top-Up Policy facility:

The Insurer will provide window for 1 month period commencing from Policy Inception to the desirous Employees to take additional Top Up over and above the SI for below amount:

SI No	TOP UP AMOUNT (IN LAKHS)
1	2.5 Lakh
2	5 Lakh
3	7.5 Lakh
4	10 Lakh
5	12.5 Lakh
6	15 Lakh

Further Insurance Company will also provide a 1 month window to the new employees joining the policy for availing the Top-Up facility on pro rata basis.

The premium towards availing additional TOP-UP shall directly be remitted by the desirous Employees to Insurance Company. Insurance Company shall accordingly provide the banking details for remittance and issue the individual premium receipts to concerned employees towards their remittance. Irrespective of the date of remittance (i.e. within 1 month), Insurance Company shall grant the benefits under the Top Up facility from the date of commencement of policy/ employee coverage date as the case may be. Insurance Company/TPA, therefore, will assist the employees in case they wish to avail Top Up facility in consultation with Principal Nodal Officer. In no case the premium liability for Top Up amount shall be

Handwritten signature (4/14)

borne by the Company. Accordingly, Insurance Company will furnish the Premium payable towards aforesaid Top Up (6 categories) in Financial Quote Sheet of Tender.

The Top Up amount shall be utilised by the employee only after exhaustion of Base SI amount as allocated under Clause 1.0. The coverage and other terms and condition for utilisation of Top Up amount shall be similar to Base SI as prescribed in Scope of Work.

02. COVERAGE

What is Covered/ Payable Under the policy	
Under IPD/ CASHLESS/ DAY CARE	
1.	<p>If the insured person sustains injury or contract any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalization Expenses, then the following in hospitalization expenses shall be payable by the Insurer</p> <ol style="list-style-type: none"> 1. Room Rent: 2.5 % of sum assured. No CAPING applicable in case of condition requiring treatment in ICCU/ICU & "Other" charges such as doctor's fees, blood, etc. 2. In case a member goes for a higher category room, the consultation charges/investigation charges/procedural charges/surgical charges/ package rates etc. shall be limited to Actual. 3. Only room rent difference should be charged. No proportionate deduction on any other charges shall be applicable.
2.	<p><u>Line of Treatments:</u></p> <p>Allopathic treatment along with naturopathy treatments including, Homcopathy, Unani, AYUSH, Ayurveda treatment will also be covered.</p>
3	<p>(A) <u>Nursing Expenses:-</u></p> <p>These expenses will be reimbursed subject to specific recommendation of treating physician / doctors that patient disease is such which require utmost care by a Nurse.</p> <p>Physiotherapy / Nursing undertaken at home is covered where patient is unable to move to the hospital or prescribed by the treating Doctor.</p>
4	<p>Expenses on Anesthesia, Blood Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses other than those as specifically stated in exclusion section of the Policy.</p>

5	<p><u>MATERNITY</u> Maternity shall be allowed under following ceilings upto two living children's only.</p> <p>(a) Caesarean delivery - Rs.1,00,000/- (b) Normal delivery - Rs. 75,000/-</p> <p>Under maternity cases, cost of delivery, hospitalization expenses linked either normal or caesarean delivery; any complication arising in the delivery such as need for forceps delivery will be covered. Miscarriage or termination of pregnancy on Account of medical reasons is also covered under IPD treatment.</p> <p>Major life threatening complications such as ectopic pregnancy will be covered beyond the maternity limit and within the overall SI. Therefore, related and relevant diagnostic for ectopic pregnancy and its treatment shall form part of Claim within the overall policy sum assured subject to prescribed pre/post days limits.</p> <p>Infertility / assisted conception procedure (surrogacy, IVF, IUI, etc) will be covered upto applicable SI Limit.</p>
6	<p><u>Day Care:</u> This covers all medical procedures and treatments or cares which are of the nature of an emergency treatment which is provided in a Hospital but does not necessitate an admission as an indoor patient. The line of treatment as recorded in the casualty papers and opinion of the attending doctor may establish the emergency and / or the need for the treatment and includes treatment for fracture(s) e.g. Bone fractures & dislocation /All bites / injuries caused by insects and animal/ monkey, snake, rat, dog bite and cases relating to cataract operation, implantation of hearing aid, radiation, chemotherapy, dialysis, dengue, chikungunya, etc shall be payable irrespective of hospitalization provided the treatment is taken from an authorized doctor (minimum MBBS degree holder). Condition of 24 hrs. Indoor treatment shall not apply in such cases.</p>
7	<p><u>Dreaded Disease Cover:</u> Treatment of the following Dreaded diseases will be covered upto the full sum insured of the family of the employee.</p> <ul style="list-style-type: none"> • Nephritis of any etiology plus bacteria / renal failure / CKD (Chronic Kidney Disease) requiring Kidney Transplantation & Dialysis. • Cerebral or Vascular strokes. • Open and close heart surgery. • Malignancy diseases, which are confirmed on Histopathological report. • Encephalitis (Viral). • Neuro Surgery.

	Total replacement of joints. Liver disorder (Hepatitis B & C) associated with complications like Cirrhosis of Liver. Grievous injury including multiple fractures of long bones, head-injury leading to unconsciousness, 100% burns, injury requiring artificial ventilator support plus vertebral column injury.
8	Treatment for age related Muscular degeneration with Injection Avastin/Lucentis/-Macugen, etc.
9	Cytotron Therapy/Ozone Therapy/Enhanced External Counter Pulsation Therapy (EECP) / Physio Therapy / Occupational Therapy / Panchkarma.
10	Stem cell Transplantation except Haemopoietic Stem Cell Transplant/ Bone Marrow Transplant.
11	Cost of Robotic Surgery / Robotically assisted surgery/ medically advanced treatment and femto laser treatment/ stem cell surgery is payable.
12	External and / or durable Medical / Non-Medical equipment of any kind used for diagnosis and/or treatment including CPAP (Constant Positive Airway Pressure), CAPD (Continuous Ambulatory Poertinial Dialysis), Infusion pump etc. Ambulatory devices, i.e. Walker, crutches, belts, collars, caps, splints, slings, braces, stockings etc., of any kind Diabetic foot wear, Glucometer/Thermometer, Hospitalization mobility, equipment used for sleeping disorder and similar relates items etc. and also any medical equipment which subsequently used at home etc.
13	Obesity including Morbid Obesity treatment less than 40 BMI is covered.
13	Expenses incurred on treatment of external body aids, hearing aid, Speech Therapy to be paid from SI. Additional expenses as incurred on components/accessories/aids related to Cochlear implant and its sound processor, aided Audiometry and language assessment to be paid from SI.
15	Lasik Surgery for Correction of eye sight
16	Psychiatric ailments, genetic disorders and stem cell implantation, sleep apnea, sleep study, sleeping disorder.
17	Treatment requiring Intra articular injections & antibody injections such as rituximab, zoledronic acids, hormonal therapy etc.
18	Expenses incurred on treatment of External congenital ailments
19	The treatment of Huntington's disease, Schizophrenia, psychiatric, psychometric or any other mental diseases or disorder.
20	Oral Chemo therapy (adjuvant and neo adjuvant) and immunotherapy are also covered.
21	<u>Pandemic (COVID-19, etc):</u> All the treatment (Hospitalization or Home Isolation) claims in respect of pandemic (COVID-19, etc.) are covered under this scope of work and shall be payable in actual within the SI applicable as per the medi-claim policy of NBCC. Any claim is not subject to limitation due to any restrictive notification as issued from time to time from General Insurance Council/Association or similar bodies.
22	<u>Annual Health Check-up</u> Annual health check-up for all employees (Self) irrespective of their age. The check-up will consist of following parameters: (Sugar (F/PP), LFT, KFT, Lipid profile, Thyroid profile, HbA1c, Vitamin D3, B12, CRP, Urine (R), Chest X-Ray, ECG, USG Abdomen.) The health check-up would be conducted from the network Hospitals based upon the choice of employees on PAN India basis empaneled with TPA/Insurance Company on cashless basis. This coverage will be over and above the Sum Insured of the employees covered in the policy.

23	GENERAL POINTS REGARDING IPD
(i)	<p>Corporate Floater: The fund upto Rs. 50.00 (Fifty) lakhs has been allocated towards Corporate Floater incase the sum insured limit has been exhausted and the expenses exceed the limit, insured person can draw up to 100% of sum insured from the Corporate Floater amount subject to same being authorized by Nodal Officer-Medical.</p> <p>In case an employee/dependent have been diagnosed ill from 06 identified dreaded diseases additional 50% of Base SI fund from Corporate Floater will be allowed subject to its availability.</p> <p>The floater amount would be granted once the Top-Up Sum Insured get exhausted for the employees opting for the Top-Up.</p>
(ii)	<p>Cost of Travel (any mode): In the event of Insured Person falling sick and requires hospitalization outside the city / town / village, where treatment of the insured person is not possible due to lack of proper facility at that hospital and condition of the insured person is such that it requires immediate medical attention with Intensive Care, the Insurance Co. Shall reimburse the cost of journey (by land or Air or any other mode) for Insured Person only to the place of hospital. This benefit will be available only if the insured person is hospitalized as a consequence of emergency sickness but not for treatment of disease or any related disease or a consequential complication thereof, following which the Insured person has been hospitalized. The maximum liability of the company shall be restricted to Rs.20,000/- per employee or actual expenses whichever is lower in any one period of insurance The overall ceiling shall remain restricted to Rs.5.25 lakh under the policy.</p>

(iii)	There shall be no restrictions on single disease / 100 days and investigations forming part of the treatment.
(iv)	Any kind of service charges, surcharges, admission fees/ registration charges and Non-Medical expenses and Non-Payable levied by the Hospital
(v)	In case of hospital charging more than GIPSA, the claim shall be payable in actual within the SI applicable as per the Mediclaim Policy of NBCC. Any claim is not subject to limitation due to GIPSA can be settled if charges more than GIPSA.
(vi)	All expenses levied by the hospital should be covered.
(vii)	Advance or new technology used for treatment is payable under the policy.
(viii)	Any type of implant will be payable in surgery.
(ix)	Pre-existing diseases whether internal/ external/chronic/hereditary/ genetic are covered. There will be no exclusion.
(x)	All expenses incurred by the insured for the period of one month pre hospitalization and two months post hospitalization in case it happens

(xi)	<p><u>HOSPITALIZATION:</u></p> <p>Hospitalization facility can be availed from any Hospital or Registered Nursing Home in India. However, the Mediclaim member can avail Cashless Facility under Hospitalization, only in Listed Hospitals, which are empaneled by the Insurance Company/TPA for the purpose. Treatment taken in non-listed Hospitals, claim will be reimbursed by the Insurance Company / TPA.</p> <p>The TPA shall send updated list of hospitals to us on monthly basis for our internal communication. Those locations, in which TPA has not sufficient number of hospitals empaneled with them, suitable financial assistance shall be provided by TPA to facilitate the IPD treatment of the patient in the hospital as per the choice of patient. NBCC will have the right to add to the list of hospitals / Nursing Homes for the purpose of treatment during the Currency of the policy.</p>
(xii)	<p>When treatment / surgeries such as Dialysis, Chemotherapy, Radiotherapy, Ophthalmic Surgeries (Cataract / Glaucoma Surgeries etc.), Lithotripsy, Laparoscopic surgeries, Microsurgery etc., is taken in the Hospital / Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization.</p>
(xiii)	<p>In addition to the indicative list of Day-care procedures, any other surgeries / procedures agreed to by NBCC, Insurance Company and TPA, requiring less than 24 hours hospitalization will also be considered under hospitalization.</p>
(xiv)	<p>Day care surgeries not listed under insurer but falls under day care definition are also covered.</p>
(xv)	<p>Any lens in cataract surgery is payable.</p>

What is not Covered / Non Payable in the Policy

Under IPD (General)

1	Circumcision except for disease not excluded here or injury, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery except for relating to treatment of injury or illness.
2	Cost of spectacles and contact lens
3	Convalescence, General Debility, Run Down Condition or Rest Cure, Sterility, Venereal Disease, Intentional self-injury and ailments arising out of chronic use of alcohol / narcotic drugs
4	Expenses for any treatment related to Human T-Cell Lymph tropic Viruses types III (III-LB-III) or Lymphadenopathy Associated viruses (LAV) or the Mutant Derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS.
5	Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
6	Injury or diseases directly or indirectly caused by or contributed to by Nuclear weapons material

ANNEXURE-II

SI No	Name of State	Nodal Officer (s/Shri)	Contact No.	Email ID
1	Andhra Pradesh	Kallakuri A Srikanth, DGM (HRM)	8527798496	kallakuri.srikanth@nbccindia.com
2	Tamil Nadu			
3	Telangana			
4	Karnataka			
5	Kerala			
6	Pondicherry			
7	Arunachal Pradesh	Smt Moala Jamir, Executive (Secretarial)	8527443675	Sbg.ner@nbccindia.com
8	Assam			
9	Manipur			
10	Meghalaya			
11	Mizoram			
12	Nagaland			
13	Sikkim			
14	Tripura			
15	Bihar	Tuhin Kumar Chakrabarti M (HRM)	9148452887	tk.chakrabarti@nbccindia.com
16	Jharkhand	Smt Urmila P Bagde, M (HRM)	8450971047	urmila.bagde@nbccindia.com
17	Madhya Pradesh			
18	Maharashtra			
19	Gujarat			
20	Chattisgarh			
21	Goa	Rudra Singh, AM (HRM)	8527094128	rudra.singh@nbccindia.com
22	Uttar Pradesh			
23	Uttarakhand			
24	Jammu & Kashmir			
25	Himachal Pradesh			
26	Punjab			
27	Haryana	Lal Chand Nagarwal, SEO	9871317051	c.nagarwal@nbccindia.com
28	Rajasthan	Ashim Debnath, AM(HRM)	8584077970	td.mairal@nbccindia.com
29	West Bengal	Ashim Debnath, Executive (HRM)	9903066423	ashim.debnath@nbccindia.com
30	Odisha	Sanjay Singh, Sr Executive Officer	8527798779	sanjay.singh@nbccindia.com
31	Delhi / NCR	Atul Prakash Nirala, DM (HRM)	9667770950	ap.nirala@nbccindia.com
	Delhi / NCR	Piyush Prasun, AM (HRM)	8252689884	piyush.prasun@nbccindia.com

UNDERTAKING FOR AVAILING TOP UP SUM INSURED

1. I, Shri/Smt....., Emp Code....., Designation wish to avail TOP UP Facility.

Slab	Tick (whichever slab is desired)
Rs 2.5 Lakh	
Rs. 5 Lakh	
Rs 7.5 Lakh	
Rs. 10 Lakh	
Rs. 12.5 Lakh	
Rs 15 Lakh	

2. I understand that the Top Up sum Insured is subject to premium payment to the Insurance Company (National Insurance Co. Ltd.) directly by me.
3. Therefore, I have made the payment of premium for availing TOP UP SI. The details of remittance are as under:-
- UTR No. :
 - Date of remittance:
 - Bank Name and Address :
4. I further understand that the TOP UP SI will be issued to me by Insurance Company on successful confirmation of above remittance and NBCC (India) Limited has no financial liability of any nature towards it.

(Signature of Employee)

Name of Employee:

Employee Code:

Note: The above undertaking duly filled in should be sent to National Insurance Co. Ltd. to Email Id: rajesh.sehgal@nic.co.in marking copy to hrm.medical@nbccindia.com and drsumit@geninsindia.com

Sumit (12/14)

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
SECTION B -DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Medicaclaim / Health Insurance?	Indicate whether currently covered by another Medicaclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Medicaclaim / Health Insurance?	Indicate whether previously covered by another medicaclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
1) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient.	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expences	Enter the amount claimed as treatment expences	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amount in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

The reimbursement claim form needs to be duly filled and sent to the following address:

Medical Section,

NBCC Place, Pragati Vihar, HRM Non-Executive Division,

NBCC (India) Ltd, Bhisim Pitamah Marg, New Delhi-110003

14/14