



প্রগতি লাইফ
ইস্যুরেন্স
লিমিটেড

Pragati Life Insurance Limited

Head Office : Pragati Insurance Bhaban, (Level-2), 20-21, Kawran Bazar Dhaka-1215.
PABX: 8189184-8, Fax : 880-2-9124024 E-mail : health@pragatilife.com

HEALTH INSURANCE DEPARTMENT

CLAIM INTIMATION FORM

(Please Use block letter all through)

1. Name of Organization :		Employee ID :
2. Name of Employee :		Mobile No. :
3. Designation :	4. Branch/Div/Dept :	
5. Name of Patient :		
6. Relation with Employee <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Son <input type="radio"/> Daughter		
7. Date of Admission:	8. Membership No. :	
9. Name of Hospital :		
Address :		
Telephone No.	10. Cabin/Bed No.	
11. Name of Doctor :		
12. Nature of Illness :		
13. Treatment Advised : <input type="radio"/> Surgical <input type="radio"/> Conservative <input type="radio"/> Others		
14. Mode of Claim Settlement Desired : Direct Settlement with the Hospital * Reimbursement		

Signature of Member/Employee with date

Signature of Plan Secretary with Seal

N. B. : Please send this information directly to PRAGATI LIFE by FAX or MAIL before or at the time of admission to a Hospital/Clinic and mail original copy to your Head Office for necessary action.

** Direct settlement with the hospital is applicable in case of the designated hospital of the Company (List over-leaf)*