

CLAIM DOCUMENT CHECK LIST		
Sr. No	Description	Please Mentioned Yes or No against respective check box
1	Receipt copy of the Intimation Letter, Reference Number if Intimation given through Mobile App/Website	
2	IRDA Claim Form duly signed by the Insured (You may download it from our website www.healthassisttpa.com	
3	Policy Copy	
4	64VB Compliance Certificate*	
5	Original Cancelled Cheque copy of Employee/Proposer with the name of the Account Holder Printed on it.	
6	Photo Identity & Address Proof of Insured (In case claim amount is 1 lac & above)	
	Original detailed Discharge Summary / Day care summary from the hospital in case of Day Care Treatment / Death Summary in Case of Death Claim	
	a) Copy of the Legal heir certificate, if the claim is for the death of the principle insured.	
	b) Copy of Post Mortem Report & Death Certificate (In Accidental Death cases)	
7	Original Final Hospital bill with breakup of each Item (Numbered Bill)	
8	Original Payment Receipt of Main Hospital bill (Numbered Receipt)	
	a) Receipt Of Payments made at the Hospital by Credit Card : Please attach the Xerox Copy of the Credit Card Payment Slip as received from the Vendor	
9	Original copy of Implant Invoice along with Payment Receipts & Implant Labels / Stickers for Stents/Mesh/IOL	
10	Original bills, original Payment Receipts and investigation / Laboratory Reports	
11	Original medicine bills specifying Patient Name and date of purchase along with supporting Prescriptions.	
12	Original copy of First Consultation letter and subsequent Prescriptions.	
13	Original Investigation Report	
14	All Imaging Films, ECG Report, Angiography etc	
15	In case of No / Delay Intimation & Delay in submission of claim, a letter from insured is required stating reason for the same	
	<u>Case Specific Documents</u>	
1	Original copy of Obstetric history (Gravida, Para, Living children, Abortions) from treating doctor. (Maternity Claim)	
2	Original Sonography Report in case of Maternity Claim/Gynae Claim	
3	Original A-Scan Report along with IOL Sticker and Tax paid invoice in case of Cataract Claim	
4	Copy of the First Information Report (FIR) from Police Department / Copy of the Medico-Legal Certificate (MLC) in case of Road Traffic Accident (RTA)	
5	In case of claims where the insured has submitted documents to another insurance co. /TPA, he needs to submit attested Photocopies of all the documents along with detailed claim settlement letter from the TPA and any unpaid bills and receipt for the same in originals.	

Claim Submission Mode Courier/Speed-Post/ Through Agent/ By Hand/At Insurance Company/Any Other	
Docket No If Document is submitted through Courier /Speed Post , Please mentioned Docket Number and Date	
Date of Claim Submission: Date of Submission/Dispatch	

Note

Claim Need to be Submitted within 7 Working Days from Date of Discharge from Hospital
The above list of documents is indicative. In case of any other document requirement as specified by the Insurance Company, our document , query will be raised for the same