



## **CHECKLIST FOR REIMBURSEMENT UNDER IBA CORPORATE**

1. Claim form duly filled in all respects provided by IRDA (available in our website), clearly mentioning the amount claimed, policy no, card no, name of hospital, date of admission and discharge, contact no, mail ID and signature (mandatory).
2. Original Discharge summary duly signed and stamped by treating doctor.
3. Original Final bill with detailed breakup under different heads.
4. All investigation reports in original with reports and films.
5. All receipts in original for the claim amount for which the claim has been lodged.
6. In case of surgery where implant has been used, sticker and invoice of the implant.
7. In case claimed amount is more than 2 lac IPD (Indoor patient sheet) / OT notes.
8. FIR, MLC copy in case of injury/RTA.
9. In case of part settlement, all photocopy documents by first claim processing TPA, duly signed and stamped by the concerned authorities, claim settlement voucher and complete breakup details of deductions.
10. In case original documents are lost the photocopy documents dully attested by nodal officer of the bank along with notary attested affidavit on Rs.100 stamp paper.
11. In case of demise of proposer (main insured), succession certificate is required.
12. All bill / receipts for purchase of medicine upon which a claim is made shall bear the valid GST no. of the issue of such bills, receipts, etc. or declaration with sign & stamp of pharmacy if exempted verified by nodal officer of the concerned.
13. All report should duly sign and stamped (MD Pathologist).
14. Registration certificate of the treating facility/hospital on case to case basis.
15. PAN card copy of proposer in case of claims above 1 Lac.
16. For self-bank id card/Aadhar card & any one of the KYC documents for dependents & addition of new baby.
17. Cancelled cheque bearing the name of proposer. If the cancelled cheque is not bearing the name of the proposer, photocopy of first page of passbook showing the account details of proposer unless the details of insured provided by the nodal officer as one time exercise.

**Please submit the hard copy of all the original claim documents within 30 days from the date of discharge from hospital.**

\*\*\*These are the documents that are **NORMALLY REQUIRED** while processing the reimbursement claims. Apart from this there can be other queries for particular claim **DEPENDING ON THE REQUIREMENT** and also **AFTER RECEIVING QUERY REPLIES.**

## **CHECKLIST FOR DOMICILIARY CLAIMS UNDER IBA CORPORATE**

1. Claim Form PART A
2. FINAL DIAGNOSIS on Prescription
3. All original bills & receipts claimed
4. Name of patient on all bills, documents.
5. Original Investigation report & films supporting the documents.
6. Original doctor's prescription supporting the medicines /Investigation/Consultations/Physiotherapy Etc.
7. Medicines bills must have GST number or declaration with sign & stamp of pharmacy if exempted verified by nodal officer of the concerned.
8. GOVT. approved ID Proof showing age similar to policy.
9. A copy of cancel cheque bearing the name of Proposer/A copy of first page of Bank's Passbook unless the details of insured provided by the nodal officer as one time exercise.

\*Please keep Scanned or photocopy of all submitted documents for your reference before submission.

\*Documents can be submitted either at any of the branch office or HO of the TPA.

### **Safeway Insurance TPA Pvt. Ltd.**

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