



New Jubilee Insurance Co. Ltd.

Jubilee Insurance House, I.I. Chundrigar Road, P.O. Box 4795, Karachi-74000,
UAN : 111-654-111, Telephone : 2416022-26 Fax : 2425774 - 2438738
E-mail : ahcare@nji.com.pk Website : www.nji.com.pk

OUT-PATIENT CLAIM FORM

COMPANY NAME:	
POLICY NO :	Date:
EMPLOYEE NAME:	
COMPANY ID NO:	NJI-INSURED-ID
BANK A/C NO:	(Not compulsory)

FOR NJI USE ONLY	
Entry No.	
Claimed :	
Approved :	
Deduction:	

Sr.No	Bill No.	Date (dd/mm/yy)	Name of Consultant OR Medical Store	Claimed Amount		NJI Approved per receipt
				Family	Self	

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Sub Total =====>

Grand Total =====>

Amount in words :

I hereby declare that the amount stated above is correct and was incurred by me for medical expenses.

Employee's Signature

Employer's Signature with Seal

DOCUMENTS TO BE ATTACHED

* Proper Original Receipts / Bills of attending Physicine with detail of charges.

* Proper Original Receipts/Bills showing name of drugs & quantity along with Supporting Prescriptions,Diagnosis report, Lab test and X-rays etc.

DOCTOR'S REMARKS
