CLAIM INTIMATION

To, Date:

The Divisional Manager
United India Insurance Company Ltd.
Divisional Office
M. C. Road
Tezpur

Policy No: 13070048/ ……..... Sum insured: ……

Policy issuing office …….

Period of insurance from: …….. to: ……...

Name of the insured & address: **TEZPUR UNIVERSITY, NAPAAM, TEZPUR**

Name of the patient: ……. Roll No: ……..

Programme/Class: ……...

Registration No/Roll No: ……

Name of the disease/illness contracted or injury suffered: ……..

……

Date of illness: ……...

Name of the Medical Practitioner of Tezpur University: ……...

Referred by:

Signature of the claimant

Signature of the authority
Tezpur University