Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

INTIMATION FORM
(TO BE FILLED IN BY THE INSURED)

POLICY DETAILS
(To be filled in block letters)

SECTION A

a) Proposer Name:

b) Patient Name:

c) Universal Sompo Health Serve Card No:

d) Employee No:

e) Corporate Name (if applicable):

f) Policy No:

g) Contact No:

h) Mobile No:

i) Email ID

j) Contact Details of Attending Relative:

HOSPITALIZATION DETAILS

SECTION B

a) Hospital Name:

b) Hospital Address:

c) City:

d) State:

e) Pin Code:

f) Contact No:

g) Email ID:

h) Date of Admission: D D M M Y Y Y Y

i) Date of Discharge: D D M M Y Y Y Y

j) Claim Intimation: ☐ Cashless ☐ Reimbursement

k) Estimated Amount: ₹

l) Ailment:

Date: _____

Place: _____

Authorized Signatory: