## Claim Form for e-claiming





(Please use block letters)

## Please submit this claim form along with your bills to: eclaim@ihi.com

Personal data c	Personal data of policyholder																									
First name(s)																										
Family name(s)																										
Date of birth (day/	month/yea	ar)									Po	olicy	num	ber								-				
Request for pay	Request for payment by international credit card																									
The amount shoul	The amount should be reimbursed to: Policyholder																									
Other																										
The amount should be reimbursed in the following currency																										
Please transfer reimbursement to my credit card																										
Eurocard	Eurocard / Mastercard Visa JCB																									
Card no.																										
Expiry date					(m	onth	/yea	r)																		
Please transfer reimbursement to my account																										
Name of banl	Name of bank																									
Address																										
BIC / S.W.I.F.T	BIC / S.W.I.F.T. Code / ABA, if any																									
IBAN																										
Account no.																										
Account holder																										
Please register my credit card/bank account information for										future reimbursement YES												NC				
Please send	me a che	eque																								
Payee																										
																				С	urrer	าсу				
If no choice o																				_						
Your choice o	f reimbu	rsement i	meth	nod c	anno	ot be	char	nged	afte	r the	clair	n ha	s be	en pr	oces	sed.										
Details of the s																										
Date of service Diagnosis Full name o						ne of	insu	red	De	Description of procedures, medical services and supplies furnished										Currency			Cha	arges	;	
									Sup	plies	Turi	115116	u													
Please submit thi	s claim	form alc	ng v	with	you	r bil	s to	:	Total charges																	
eclaim@ihi.com									Amount paid by the insured											red						
Balance due to hospital/clinic/doctors, etc.											etc.															
	Balance due to hospital/clinic/doctors, etc.																									