



Pragati Life Insurance Ltd.

20-21, Kawran Bazar, Pragati Bhaban (Level-9), Dhaka-1215.

Phone: 8189184-7. Ext. 936. Website: www.pragatilife.com

Health Insurance Department

Claim Form

Claim Submission Date :

Name of Policy Holder			
Policy No		Policy Date	
Plan		NID No	
Policy Holder's E-mail ID		Policy Holder's Phone No	
Policy Holder's Address			
Name of the Hospital			
Date of Admission		Date of Discharge	
Bed / Cabin / Ward No		Name of Doctor	
Treatment / Diagnosis			

Breakup of Treatment Expenses

Charges and Fees Details	Claim Amount (TK)
Hospital Accommodation	
Consultant's Fee	
Investigation	
Medicine/ Drugs	
Surgical Charges	
Ancillary Service	
Eye Treatment	
Dental Treatment	
Others	
Total	

Signature of Policy Holder & Date

- Photocopy of doctor's advice for hospitalization (if diagnosed before admission)
- Original Final bill & Original itemized bill / Details bill / Bill break-down (*Any medicine bill must also be in itemized format*)
- Photocopy of discharge certificate/summary for Hospitalization
- Photocopy of reports/investigations
- Photocopy of national ID card

Note1: Any misrepresentation of the documents will lead to claim denial.

Note2: Expenses will be deducted if itemized bills are not available.