

International Medical Cover Information Sheet

Name of the patient _____

Date of Birth _____ Policy Number _____

Membership No. _____ Policy Start Date _____ Policy End Date _____

Phone Number in India _____ Email ID _____

Date of Diagnosis _____

Since when is the patient suffering from symptoms _____

Hospital in India where Disease is diagnosed _____

Treating Doctor in India _____

Prescribed Treatment _____

Preferred Country to Travel: Option 1 _____ Option 2 _____

Preferred City to Travel: Option 1 _____ Option 2 _____

Preferred Hospital for Treatment: Option 1 _____ Option 2 _____

Point of Contact Overseas _____

Contact Details _____

Phone Number Overseas _____

Do you have any other Health Insurance policy? If yes, kindly provide detail _____

Is there is any claim in the past from Max Bupa or any other Insurance company? _____

Claim Number _____

Insured's Signature _____

Proposer's Signature _____

Date : _____

Max Bupa Health Insurance Company Limited

Corporate Office: Block B1/1-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi - 110044, Tel.: + 91-11-30902000

Registered Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110020, UIN No. MB/LF/2016-2017/770.

www.maxbupa.com

CIN No. U66000DL2008PLC182918, IRDA Registration no. 145

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