



FBC Insurance Company Limited

HOSPITAL CASH PLAN CLAIM FORM

ALL QUESTIONS MUST BE ANSWERED

Contact Details.....

1. Full Name of Insured	
2. Policy Number/Cell Number	
3. Patient/Dependant Hospitalised
4. Address
5. Indicate reason for hospitalisation (tick)	(a) Illness..... (b) Accident.....
6. (a) Date admitted (b) Time of Admission
7. (a) Name of admitting doctor (b) His/Her AHFOZ number
9. (a) Date discharged (b) Time of Discharge
10. (a) Name of discharging doctor (b) His/Her AHFOZ number
11. Name Of Hospital
12. Medical aid provider, if any	

Date: Signature:.....

Insurance fraud is a crime