



CCN NO.

East West Assist Pvt. Ltd.
97 Manekshaw Road , Sainik Farms, New Delhi-62
Ph: 011-29554348, 49, Fax No: 011- 29554130 Toll Free: 1600111146
E-mail:assistance@eastwestassist.com

Claim Payment cum Discharge Voucher

CCN NO. :		Policy No:	
Insurance Company: Oriental Insurance Co Ltd. / The National Insurance Company Ltd.			
Period of Insurance :		to	
Name of Insured / Corp. :			
Name of Patient :			

Sum Insured	Rs	
Previous Claim (if any)	Rs	
Total Claim submitted	Rs	
Deductions	Rs	
Total Claim Settled	Rs	
Note: - Total Claim Settled = (Total Claim Submitted – Deductions)		
EWA Paid	Rs	
Member Paid	Rs	
Balance Sum Insured as on		
	Rs	

Received from East West Assist Pvt Ltd. Ltd.
Rupees :

Note:
Kindly get the original discharge voucher signed by the **patient / insured** and send it back to us so that we can issue the cheque of the same.

In full and final settlement of My/Our claim as detailed herein above.

Rs.	
Bank:	
Date:	
Place:	

Cheque No:

Signature of the Claimant/Insured

Deductions: -