

## CLAIM INTIMATION

<b>Patient Name :</b>	
<b>Age:</b>	<b>Gender:</b>
<b>Student Name :</b>	
<b>Relation with Student: Self</b>	
<b>Student Code Number :</b>	<b>Location :</b>
<b>Institute Name : CEPT UNIVERSITY</b>	
<b>PHS Id Card number :</b>	
<b>Insurance Company: Go Digit General Insurance Ltd.</b>	
<b>Policy No : D160294643</b>	
<b>Residential Address of the Student:</b>	
<b>Residence Contact no:</b>	

### HOSPITAL DETAILS

<b>Name &amp; Address:</b>
<b>Phone number:</b>
<b>Treating Doctor : Dr</b>
<b>Phone number:</b>
<b>Ailment/ Diagnosis :</b>
<b>Probable Date &amp; Time of Admission :</b>
<b>Approximate duration of stay:</b>
<b>Approximate budgeted expenses: Rs.</b>
<b>Class of accommodation:</b>

**Mail us on**

[sso.studentinsurance@cept.ac.in](mailto:sso.studentinsurance@cept.ac.in)  
[nilesh.goenka@jbbodamail.com](mailto:nilesh.goenka@jbbodamail.com)  
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