Claim Form for e-claiming

(Please use block letters)

Please submit this claim form along with your bills to: eclaim@ihi.com

Personal data of policyholder

First name(s)

Family name(s)

Date of birth (day/month/year) Policy number -

Request for payment by international credit card

The amount should be reimbursed to: ◯ Policyholder

◯ Other

The amount should be reimbursed in the following currency

◯ **Please transfer reimbursement to my credit card**

◯ Eurocard / Mastercard ◯ Visa ◯ JCB

Card no.

Expiry date (month/year)

◯ **Please transfer reimbursement to my account**

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA, if any

IBAN

Account no.

Account holder

Please register my credit card/bank account information for future reimbursement ◯ YES ◯ NO

◯ **Please send me a cheque**

Payee

Currency

If no choice of reimbursement method has been made, ihi Bupa will send a cheque.
Your choice of reimbursement method cannot be changed after the claim has been processed.

Details of the service provided (please complete if the information is not provided on the invoices)

Date of service	Diagnosis	Full name of insured	Description of procedures, medical services and supplies furnished	Currency	Charges
			Total charges		
			Amount paid by the insured		
			Balance due to hospital/clinic/doctors, etc.		

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Submit by e-mail

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