



IIISLA BENEVOLENT FUND (IBF)

Regd. Office: #6-1-73, Flat No.104 & 106, First Floor, Saeed Plaza, Lakdikapul, Hyderabad – 500004 E-mail: admin@iiisla.co.in, Web-Site: www.iiisla.co.in, Telephone Numbers: 040- 23261072/23261073

CLAIM INTIMATION

To be submitted within a week from the date of commencement of ailment/death on the above address by post or through email, email ID

1	Name of member					
	Address of correspondence					
	IIISLA membership No.				Surveyor's license No.	
	Contact No.					
		Tick whichever is applicable		√		
2	I am suffering from under mentioned critical disease (tick whichever is applicable)					
	A. Lever Cirrhosis		B. Cancer		C. Kidney transplant	
	D. Liver transplant		E. Heart bypass surgery		F.	
3	a. Need reimbursement for the treatment undergone					
	b. Need advance payment to the hospital for the treatment					
4	Date of treatment started					
5	Expected duration of treatment					
6	Expected expenditure in treatment.					
7	Date of death (only natural/suicidal death is covered)					

Signatures of claimant/ Nominee

Relation with member

Contact No.

Date: