



Please email this completed claim form to pml@ulinkmyanmar.com along with copies of:

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|--|--|
| <input type="checkbox"/> Medical memo/ booklet/ report
<input type="checkbox"/> Receipt or invoice (in case of surgical benefit only)
<input type="checkbox"/> Death certificate (in case of death claim only)
<input type="checkbox"/> Proof of relationship of claimant with deceased (in case of death claim only) | <input type="checkbox"/> Claimant NRC photo (in case of death claim only)
<input type="checkbox"/> Police letter (in case of police case only)
<input type="checkbox"/> Proof of guardianship of claimant with beneficiary (if beneficiary is minor or has a legal guardian) |
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Section (A) Claimant details

Policy Number	
Claimant Full Name	
Relationship to Life Assured	
Contact Number	

Section (B) Cause and circumstances of incident (for injury and accident cases)

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Section (C) Hospitalization and consultation details

Date of Admission		Date of Discharge	
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Section (C) Bank details

Bank Name		Branch Name	
Account Holder Name			
Account Number			

Section (D) Declaration and signature

I declare that the facts stated are true and accurate to the best of my knowledge. I give consent to Prudential and Ulink Assist and their representatives to contact medical practitioners for further clarification and to have assess for valid purpose to all information regarding my health or medical insurance coverage.

Signature	
Name	
Date	