



Claims Form

(v.04)

Important Notes:

- To assist Ulink Assist in processing your claim accurately and speedily, please complete this form fully, clearly and legibly.
- Please complete this form in English.
- All claims must be submitted within 60 days of the start of treatment.
- Please attach all original invoices, retaining photocopies for your own reference.
- A separate claims form should be used for each patient and each medical condition.
- Processing of this claim may be delayed if the information provided is incomplete.

SECTION A – Patient’s Details

Policyholder Name (according to NIRC/passport):			
Policy Number:			
Claimant’s Title:			
Claimant Name (according to NIRC/passport):		Relation to policyholder	
Date of Birth:	/	/	
Contact Number			
Email Address:			

SECTION B – Details of illness / Injury

Please describe the nature of your illness / injury:

Please provide details on the treatment received:

Date of Treatment (dd/mm/yyyy)	Place of Treatment	Fully description of treatment	Diagnosis	Treatment Charges & Currency	In-patient / Out- patient / Dental / Optical

Date of First / /
Symptoms:

Date of First Medical / /
Consultation:

SECTION C – Bank Details

Please provide your bank details below. If approved, the claim will be settled by direct bank transfer. (Direct bank transfers are available only for CB Bank account holders and KBZ Bank account holders.)

Name of Bank:	
Address of Bank:	
Name of Account Holder:	
Account Number:	

Note: Special bank accounts are not acceptable.

SECTION D – Declaration

I/We confirm the facts stated on this form to be true and accurate to the best of my/our knowledge.

I/We have provided all the necessary documents to process this claim.

I/We give authority to the insurers and their representatives to contact my/our medical practitioners for further clarification (if required) on the documents submitted by me.

Signed:	
Print Name:	
Date:	

Please *email* this completed claims form to claims@ulinkmyanmar.com, along with:

1. Receipts / invoices
2. Medical certificates / memo / booklet
3. Lab test results and all other medical reports
4. ID copy of the insured to process the claim, e.g. NRC / passport / driver's license
 - If the insured and the bank account holder is not the same, please provide ID copy of the insured, ID copy of the bank account holder and authorization letter from the insured (permitting Ulink to make the refund payment to the third party) to process the claim. Authorization letter can be downloaded from the following link:
[https://drive.google.com/file/d/11t_5vLog0qMPDA-rTwCYuCnBWBKmkFom/view?usp=drive link](https://drive.google.com/file/d/11t_5vLog0qMPDA-rTwCYuCnBWBKmkFom/view?usp=drive_link)
 - If the insured is under age, please provide the parent's ID.
 - ID requirement is mandated by European Law and it is required to process the claim