



**Orient Insurance Ltd (PB 4720)**  
 Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

## MEDICAL EXPENSE INSURANCE [OUT DOOR CLAIM FORM]

POLICY NO : .....

INSURED:.....

(1) Name of the Employee (in full) .....

(2) Occupation (describe only) .....

EPF No: ..... Age: ..... Tel No: .....

Name of the Patient	Relationship	Date of Treatment	Receipt No	Amount	
				Rupees	Cents
<b>TOTAL</b>					

I declare that the particulars that I have given above are true and correct and these expenses are not recoverable from any other source.

.....  
 Signature of the Employee

**ORIENT / MEDILINK CLAIMS DEPARTMENT**  
 Medilink Lanka (P) Ltd  
 104/1, Kumaran Ratnam Road  
 Colombo 02.  
 Tel: 011-2393960  
 Fax: 011-2393961

.....  
 Signature of the Insured  
 (Over the Rubber Stamp)