

Claim Form
(Cyril Chandrasiri Perera Memorial Turst)

1.	Name of claimant						
2.	Name of residing temple						
3.	Postal address						
4.	Membership number						
5.	Duration of stay at hospital	From		To			
6.	Contact numbers	Mobile		Fixed line		Whatsapp	
		E mail address					
7.	Bank account details for purpose of remittance of claim money	Bank name		Branch		Account number	
		Type of account		Name of account holder			
		current		savings			
8.	Benefits claimed (Tick x on relevant cage)	In patient at Government or Ayurvedic hospital		In patient at private hospital		Home stay	Medical equipment
9.	Name of sickness and brief description of same						
10.	Amount claiming	(in letters).....				(Rs.).....	
11.	Please mark with X documents attached	Diagnosis card		Doctor's prescription		Medical bills	
		Medical investigation bills		Hospital bills		Letter for keeping an attendant	
12.	If you have any insurance cover, please detail below.	Name of Insurance company					
		Do you wish to claim for this illness?		Yes		No	
		Amount received					
		Amount claimed					

Name of Chief Monk

Signature

Date: