Allianz Insurance Company Lanka Limited
No.92, Glennie Street,Colombo 02.
Tel: 2300400 Fax: 2304404
E-mail : info@allianz.lk

OUT DOOR TREATMENT CLAIM FORM

Policy No. :----------

Name of Company :----------

Plan/Scheme :----------

Item No. in the Policy schedule :----------

Employee	Patient	Relationship	Treatment Date	Amount	
				Rs	Cts
			Total		

Signature & Company Stamp :---------- Date ----------