



Falcon Insurance Company (Hong Kong) Limited

富勤保險(香港)有限公司

A FAIRFAX Company

To : Falcon Insurance Company (Hong Kong) Limited

Claim No.: 120

From: Policyholder: _____

Policy No.: 1 2 0 -

Date: _____

SUBMISSION OF MEDICAL CLAIMS DOCUMENTS

1. Total Number of Claim Forms Attached: _____

2. Total Amount Claimed: HKD USD RMB

3. Remarks: _____

Name & Title

Authorized Signature

For Office Use Only

Date

Overall Status: Date Entered By

Date Claim Processed: D D M M Y Y Checked By: