প্রাইম ইসলামী লাইফ ইন্স্যুরেন্স লিমিটেড
برائیم اسلامی لائف انشیورنس لمیٹیڈ
Prime Islami Life Insurance Limited

MEDICAL BILL

Format/UW/32
Revision: 04/25

Date:……..	Bill Received By Signature With Seal	Scan the QR code for download
Bill No:……		
Bill ID:……		
Voucher No:……		

Dr……..	Zone Name:……
……	Servicing Cell:……
……..	Recipient Name (Dev):……
……..	……
	(With Code & Designation)

Risk Date	Policy No	Policy Holder Name	Age T&T	Medical Report	Sum at Risk	Taka	Payable Tk.
(In Words)……					Total Tk.		

……	……	……	……
Prepared By (U/W) Signature with seal	Checked By (U/W) Head Office	In Charge Underrwiting Dept.	Audited By (I/A) Head Office

……	……	……
VP/SVP (I/A)	DVP/CFO	CEO