

# Critical Illness Insurance Claim Form Sample

Download our **critical illness insurance claim form sample** complete with detailed instructions to ensure a smooth and accurate filing process. This guide helps you understand each section, making it easier to provide the necessary information. Submitting the form correctly can expedite your claim approval and benefit disbursement.

## Instructions for Completing the Claim Form

1. Download and print the claim form.
2. Read all instructions carefully before completing the form.
3. Complete all required sections using CAPITAL LETTERS for clarity.
4. Attach all necessary supporting documentation (medical reports, ID, etc.).
5. Ensure that all information is accurate and signatures are provided where needed.
6. Submit the completed form and supplementary documents via the provided channel (email, mail, or upload).

## Section 1: Policyholder Information

Full Name	_____
Policy Number	_____
Date of Birth	____ / ____ / ____
Contact Number	_____
Email Address	_____
Address	_____

## Section 2: Claim Details

Date of Diagnosis	____ / ____ / ____
Diagnosis	_____
Treating Physician	_____
Hospital/Clinic	_____
Was this condition pre-existing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3: Supporting Documents Checklist

- Medical diagnosis report
- Attending physician's statement
- Relevant laboratory and test results
- Photo ID (passport, driver's license, etc.)
- Policy document copy

## Section 4: Declaration and Authorization

I declare that the information provided above is true and complete to the best of my knowledge. I authorize the release of medical records to the insurance provider for the purpose of claim assessment.

Signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note:** Incomplete forms or missing documents may delay processing. For assistance, contact our claims helpline at [1800 123 456](tel:1800123456) or email [claims@insurecompany.com](mailto:claims@insurecompany.com).