

Medical Dismemberment Claim Form Sample

The **medical dismemberment claim form sample** provides a structured template to document injuries involving the loss of limbs or bodily functions. It ensures accurate submission of claims for compensation by detailing the nature and extent of the dismemberment. Utilizing this form helps streamline the insurance or legal process for injury claims.

1. Personal Information

Full Name:

Date of Birth:

Policy/Claim Number:

Contact Number:

Address:

2. Injury Information

Date of Injury:

Location of Injury (Where incident occurred):

Description of Incident and Injury:

3. Dismemberment Details

Dismembered Body Part	Side	Date of Loss	Function Lost
e.g., right hand, left leg	Select <input type="button" value="▼"/>		Select <input type="button" value="▼"/>

If "Other", specify:

4. Medical Attestation

Attending Physician's Name:

Physician Contact Number:

Medical Facility:

Attach certified medical reports, diagnosis details, and supporting documentation.

5. Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I authorize the release of relevant medical information for claim processing.

I agree to the terms stated above.

Signature:

Date:

Submit Claim