

# Sample Insurance Claim Form for Nominee Submission

This **insurance claim form** is designed for nominees to easily submit their claim requests. It ensures all necessary information is accurately collected to facilitate a smooth and efficient claim process. Nominees can use this sample form as a guide for proper documentation and submission.

## 1. Policy Details

Policy Number:	<input type="text"/>
Policy Holder Name:	<input type="text"/>
Policy Start Date:	<input type="text"/>
Policy End Date:	<input type="text"/>

## 2. Nominee Details

Nominee Name:	<input type="text"/>
Relationship to Policy Holder:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>

## 3. Claim Information

Type of Claim:	<input type="text" value="e.g. Death, Critical Illness"/>
Claim Amount (INR):	<input type="text"/>
Date of Incident:	<input type="text"/>
Description of Incident:	<input type="text"/>

## 4. Documents Attached

- Policy Document
- Death Certificate (if applicable)
- Nominee ID Proof
- Hospital Reports (if applicable)
- Other (please specify in Description)

## 5. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that submission of false information may lead to rejection of this claim and possible legal action.

Nominee Signature:	<input type="text" value="Full Name"/>
Date:	<input type="text"/>

Submit Claim