

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:

Policy Holder Name:

Policy Start Date:

Policy End Date:

2. Nominee Details

Nominee Name:

Relationship to Policy Holder:

Contact Number:

Email Address:

3. Claim Information

Type of Claim:

Claim Amount (INR):

Date of Incident:

Description of Incident:

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:

Date:

Submit Claim