

Accidental Dismemberment Claim Form

This **accidental dismemberment claim form sample** provides a clear template to help individuals report injuries for insurance purposes. It ensures all necessary details are accurately documented to expedite the claims process. Using this sample can simplify submitting a claim and improve communication with insurance providers.

1. Policyholder Information

Full Name:

Policy Number:

Date of Birth:

Address:

Phone Number:

Email:

2. Accident Details

Date of Accident:

Location of Accident:

Description of Accident:

Was the accident reported to authorities? Yes

If yes, please attach report or provide report number:

3. Nature of Injury

Injury Description (specify body part(s) affected):

Date Injury Occurred:

Was hospitalization required? Yes

If hospitalized, provide details (hospital name, period of treatment):

4. Attending Physician Information

Name:

Address:

Phone Number:

5. Supporting Documents

- Copy of policyholder identification
- Accident/incident report
- Medical reports and bills
- Photographs (if applicable)
- Other supporting evidence

6. Declaration & Signature

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurance company to seek further information as required to process this claim.

Signature:

Date: