

# Critical Illness Dismemberment Claim Form Sample

Download our **critical illness dismemberment claim form sample** to ensure accurate and complete submission for your insurance claim. This sample form guides you through the required information and documentation needed for a smooth approval process. Use it as a reference to avoid delays and expedite your compensation request.

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## Personal Information

Full Name:

Enter your full name

Date of Birth:

Policy Number:

Enter your policy number

Contact Number:

Enter your contact number

## Details of Illness/Dismemberment

Diagnosis:

Enter diagnosis

Date Diagnosed:

Body Part(s) Affected:

e.g., left arm, right leg

Description of Incident (if applicable):

Provide a brief description

## Attending Physician Information

Physician's Name:

Enter physician's name

Hospital/Clinic Name:

Enter hospital or clinic name

Physician's Contact:

Enter contact number

## Supporting Documentation

Please attach the following documents:

- Medical reports/diagnosis
- Hospital statements/bills
- Proof of dismemberment (if applicable)

- Photo identification

- ☐ Medical Reports Attached
- ☐ Hospital Statements Attached
- ☐ Proof of Dismemberment Attached
- ☐ Photo ID Attached

## Declaration & Authorization

I hereby certify that the above information is true and complete. I authorize the insurance company to obtain further medical records as needed.

☐ I agree to the terms above

Signature:

Type your name as signatu

Date:

Submit Claim Form Sample