

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.

Personal Information

Full Name:

Date of Birth:

Policy Number:

Contact Number:

Details of Illness/Dismemberment

Diagnosis:

Date Diagnosed:

Body Part(s) Affected:

Description of Incident (if applicable):

Attending Physician Information

Physician's Name:

Hospital/Clinic Name:

Physician's Contact:

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 signature

Date:

Submit Claim Form Sample