

Group Critical Illness Insurance Claim Form Sample

The **group critical illness insurance claim form sample** provides a clear template for policyholders to submit their claims efficiently. It helps ensure all necessary details are accurately captured to facilitate prompt processing. Using this sample can simplify the claim submission process and reduce delays.

Section 1: Policyholder Details

Policy Number:			
Group/Company Name:			
Full Name:			
Date of Birth:	____	/	____
Gender:	Male / Female / Other		
Contact Number:			
Email Address:			
Home Address:			

Section 2: Claim Details

Date of Diagnosis:	____ / ____ / ____
Name of Critical Illness:	
Name of Diagnosing Physician:	
Physician/Clinic Address:	
Nature of Illness (Brief Description):	
Has this illness been previously reported? (Yes/No):	

Section 3: Supporting Documents

- Copy of diagnosis report from attending physician
- Relevant laboratory or diagnostic test results
- Copy of ID (policyholder/insured member)
- Hospital discharge summary (if applicable)
- Any additional medical reports requested

Section 4: Payment Details

Preferred Payment Method:	Bank Transfer / Check / Other
Bank Name:	
Account Name:	
Account Number:	
Other Instructions:	

Section 5: Declaration & Authorization

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurance company to obtain further medical information if required for claim assessment purposes.

Signature of Policyholder:	_____
Date:	____/____/_____

Note: Submission of incomplete forms or missing documents may result in delayed claim processing.