

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.