

Partial Dismemberment Claim Form Sample

This **partial dismemberment claim form sample** provides a structured template to help individuals file claims related to partial loss or dismemberment injuries. It ensures all necessary details are accurately captured for efficient processing by insurance companies or relevant authorities. Using this sample can simplify the documentation process and support timely claim resolution.

1. Claimant Information

Full Name:

Date of Birth:

Mailing Address:

Phone Number:

Email Address:

2. Policy Information

Policy Number:

Name of Insurance Company:

3. Injury/Dismemberment Details

Date of Incident:

Location of Incident:

Description of the Incident and Injury:

Affected Body Part(s):

Extent of Dismemberment (be specific, e.g., partial finger loss):

4. Medical Details

Health Care Provider/Hospital Name:

Attending Physician:

Summary of Treatment Received:**Are Medical Documents Attached?** --Select-- **5. Additional Information****Other Insurance Policies Covering This Incident?****Any Additional Remarks:****6. Declaration and Signature**

I declare that the information provided above is true and complete to the best of my knowledge.

Signature of Claimant: Type or Sign Here**Date:****Submit Claim**