

Permanent Dismemberment Claim Form Sample

The **permanent dismemberment claim form sample** provides a clear template for individuals seeking compensation due to loss of body parts. This form ensures all necessary information is accurately submitted to facilitate a smooth claims process. Using a well-structured sample helps claimants avoid errors and delays.

1. Personal Information

Full Name:

Date of Birth:

Residential Address:

Phone Number:

Email Address:

2. Policy Details

Policy Number:

Insurance Company Name:

3. Incident Details

Date of Incident:

Location of Incident:

Description of Incident:

4. Dismemberment Details

Body Part(s) Lost:

Type of Dismemberment:

 -Select--

Medical Details/Doctor's Report:**5. Supporting Documents**

- Copy of identity proof
- Medical reports and certificates
- Original policy document
- Police report (if applicable)
- Other relevant documents

Attach Documents: No file selected**6. Declaration**

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurer to verify the details provided.

Date:**Signature:**