

# Sample Filled Group Insurance Claim Form

This **sample filled group insurance claim form** serves as a comprehensive example for submitting claims efficiently. It highlights the necessary details required to process group insurance claims accurately. Using this template ensures faster approval and minimizes errors during submission.

1. Group Policy Details			
Group Policy Number	GRP-123456	Name of Employer/Group	ABC Corporation Pvt. Ltd.
Division/Unit	Sales Department	Policy Start Date	01/01/2024

2. Member (Employee) Details			
Employee/Member Name	John Doe	Employee Code/ID	EMP10257
Date of Birth	15/08/1985	Gender	Male
Date of Joining	10/03/2015	Contact Number	+1 555-123-4567
Email ID	john.doe@abccorp.com		

3. Claimant Details			
Relationship to Member	Self	Claimant Name	John Doe
Address	123 Maple Street, Springfield, IL 62704		

4. Claim Details			
Type of Claim	Hospitalization	Date of Hospitalization	12/05/2024
Name of Hospital	Springfield General Hospital		
Total Claim Amount	\$3,200.00		
Brief Description of Illness/Injury	Appendectomy due to acute appendicitis		

5. Bank Account Details (for claim payment)			
Account Holder Name	John Doe	Bank Name	XYZ Bank
Account Number	0123456789	IFSC/Sort Code	XYZB0001234
Branch Address	XYZ Bank Springfield Branch, 456 Oak St, Springfield, IL 62704		

**Declaration:**  
I declare that the details given above are true and correct to the best of my knowledge and belief.

Member/Claimant Signature:  
  
John Doe

Date:  
13/05/2024