

Critical Illness Hospitalization Claim Form Sample

The **critical illness hospitalization claim form sample** provides a clear template to ensure accurate and complete documentation for insurance claims. This form includes a detailed checklist to help claimants prepare all necessary medical and personal information efficiently. Using this sample can expedite the claim process and minimize errors.

1. Personal Information

Full Name:

Policy Number:

Contact Number:

Email Address:

Address:

Date of Birth:

2. Hospitalization Details

Name of Hospital:

Admission Date:

Discharge Date:

Diagnosis:

Treating Doctor's Name:

3. Claim Details

Type of Critical Illness: -- Select --

Total Amount Claimed:

Bank Account Details (for claim settlement):

4. Documents Checklist

Required Documents:

- Completed and signed claim form
- Original/attested hospital discharge summary
- Copy of diagnostic test reports
- Treating doctor's certificate confirming critical illness
- Identity proof (photo ID)
- Policy copy
- Bank passbook/cancelled cheque
- Any other relevant documents as required by insurer

5. Declaration & Signature

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

Signature: _____

Date: