

Life Insurance Dismemberment Claim Form Sample

Download our **life insurance dismemberment claim form** sample to streamline the submission process for benefits related to accidental injuries. This form ensures all necessary details are accurately provided to facilitate timely claim approval. Accessing a sample helps you understand the required documentation and information beforehand.

Sample Claim Form

Policyholder Information

Policy Number:

Full Name:

Date of Birth:

Contact Number:

Incident Details

Date of Accident:

Description of Dismemberment:

Hospital/Clinic Name:

Treating Physician:

Required Documentation

☐ Medical Report

☐ Police Report (if applicable)

☐ Photo Evidence (if applicable)

☐ ID Proof

Declaration

I hereby declare that the information provided is accurate to the best of my knowledge and that I am making this claim for benefits due to accidental dismemberment as specified under my insurance policy.

☐ I agree

Submit Claim