

# Prudential Critical Illness Claim Form

**Note:** Please complete all relevant sections. Incomplete forms may delay your claim. Attach certified copies of all supporting documents (e.g., medical reports, diagnosis, identification).

## 1. Policyholder Information

Full Name	_____	Policy No.	_____
Date of Birth	____/____/____	NRIC/Passport No.	_____
Contact Number	_____	Email	_____
Correspondence Address	_____		

## 2. Patient Information (if different from Policyholder)

Patient Name	_____		
Date of Birth	____/____/____	Relationship to Policyholder	_____

## 3. Illness/Condition Details

Type of Critical Illness Diagnosed	_____		
Date of Diagnosis	____/____/____	Attending Physician	_____
Hospital/Clinic	_____		
Address of Hospital/Clinic	_____		
Brief Description of Illness & Symptoms	_____		

## 4. Claim Submission Checklist

- Completed claim form, signed and dated
- Certified true copy of NRIC/Passport
- Original or certified copy of medical report/diagnosis
- Relevant lab/radiology reports
- Discharge summary (if hospitalized)
- Any other supporting documents as required

## 5. Declaration & Authorization

I declare that to the best of my knowledge the information provided is true and complete. I authorize Prudential and/or its representative to obtain further information from any doctor, hospital, or insurance company to assess my claim.

Signature of Policyholder	_____	Date	____/____/____
Signature of Patient (if different)	_____	Date	____/____/____

For official use only:

Date Received: \_\_\_\_\_ Claim Reference No.: \_\_\_\_\_

