

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.: _____

