

AD&D (Accidental Death and Dismemberment) Claim Form Sample

Instructions: Please complete all applicable sections of this form. Attach supporting documentation as required. Incomplete claims may result in processing delays.

Section 1: Policyholder Information

Full Name:

Policy Number:

Contact Phone:

Email Address:

Mailing Address:

Section 2: Claimant Information

Claimant Name:

Relationship to Policyholder:

Section 3: Accident Details

Date of Accident:

Location of Accident:

Description of Accident (Include cause & circumstances):

Section 4: Loss Details

Type of Loss (check all that apply):

- Accidental Death
- Dismemberment
- Other

Describe the specific loss (e.g., limb, sight, etc.):

Section 5: Physician/Medical Information

Attending Physician Name:**Physician Contact Number:****Treatment Description:**

Section 6: Bank & Payment Details

Bank Name:**Account Number:****Routing Number:**

Section 7: Declaration and Signature

I hereby certify that the above information is true and complete to the best of my knowledge. I authorize the release of any information necessary to process this claim.

Signature of Claimant:**Date:**

Download our **AD&D claim form sample** to ensure a smooth filing process for accidental death and dismemberment benefits. This template provides all necessary sections and instructions for accurate completion. Simplify your claim submission with a clear, organized format designed for quick review.