

Insurance Dismemberment Claim Form Sample

Download our **insurance dismemberment claim form sample** to easily file your claim for compensation. This template simplifies the documentation process, ensuring all necessary information is included. Use it as a reference to expedite your dismemberment insurance claim efficiently.

Policyholder Information

Name:

Policy Number:

Date of Birth:

Phone Number:

Email Address:

Incident Details

Date of Accident:

Location of Accident:

Description of Incident:

Part of Body Affected:

Was Medical Attention Sought?

 Yes

Supporting Documentation

Please attach the following documents with your claim:

- Medical reports and diagnosis
- Hospital bills and receipts
- Identification documents
- Police report (if applicable)

Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I authorize the insurance company to obtain any further information required from the attending physician or hospital.

Signature:

Date:

Submit Claim