

Critical Illness Insurance Claim Form

1. Policyholder Information

Policy Number

Full Name

Date of Birth

Address

Phone

Email

2. Patient Information

Patient Name

Relationship to Policyholder

Patient Date of Birth

3. Illness / Diagnosis Details

Name of Critical Illness

Date of Diagnosis

Attending Doctor Name

Name of Hospital / Clinic

Brief Description of Symptoms

4. Documentation Checklist

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Medical Report

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Diagnosis Certificate

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ID Proof

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Other Relevant Documents

5. Declaration and Signature

Declaration

Signature

Date