

Heart Attack Insurance Claim Form

Policyholder Information

Full Name

Policy Number

Date of Birth

Contact Number

Address

Hospitalization Details

Hospital Name

Date of Admission

Date of Discharge

Attending Physician

Claim Details

Diagnosis / Heart Attack Details

Claim Amount

Bank Details (for claim payment)

Document Checklist



Discharge Summary



Diagnosis Report



Hospital Bills



Identity Proof

Declaration

Date

Signature