

Critical Illness Insurance Claim Submission

Date: [Insert Date]

To,

Claims Department
[Insurance Company Name]
[Insurance Company Address]

Subject: Submission of Documents for Critical Illness Insurance Claim

Dear Claims Officer,

I am writing to formally submit my claim for benefits under my critical illness insurance policy, bearing policy number [Insert Policy Number]. I was diagnosed with [Insert Illness] on [Insert Diagnosis Date], and am therefore requesting the benefits as outlined in my policy.

Enclosed are the necessary documents to support my claim:

- Completed claim form
- Medical diagnosis report
- Medical history from my physician
- Proof of hospitalization (if applicable)
- Any other relevant documents

Kindly acknowledge the receipt of this claim submission and let me know if any further information is required to process my claim. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Contact Number]
[Your Email Address]