

# Critical Illness Insurance Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally submit a claim for my Critical Illness Insurance Policy, Policy Number: [Insert Policy Number]. I was diagnosed with [Insert Diagnosis] on [Insert Diagnosis Date], which is covered under my policy.

Enclosed are the following documents to support my claim:

- Medical reports and diagnosis
- Claim form (completed)
- Policy document
- Any other relevant documentation

Please process my claim at your earliest convenience. If you require any additional information or documents, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]