

# Critical Illness Insurance Claim

Date: [Insert Date]

To,  
[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Subject: Claim for Critical Illness Insurance Policy No. [Policy Number]

Dear [Claims Department/Specific Person's Name],

I am writing to formally submit a claim for my critical illness insurance policy, number [Policy Number]. I was diagnosed with [Illness Name] on [Diagnosis Date] and have undergone treatment starting from [Treatment Start Date].

Attached to this letter, you will find the necessary documentation, including:

- Copy of the medical diagnosis from my healthcare provider
- Details and invoices for all treatments received
- Claim form, duly filled and signed
- Any other relevant documentation

I request that you process my claim at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

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