

Claim for Critical Illness Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Officer,

I am writing to formally submit a claim for the critical illness insurance policy with policy number [Insert Policy Number]. I was diagnosed with [Insert Illness] on [Insert Diagnosis Date], and I believe this qualifies for a claim under the terms of my policy.

Attached are the necessary documents, including:

- Medical reports confirming diagnosis
- Claim form completed
- Identification proof
- Policy document

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]