

# Claim Submission for Critical Illness Policy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[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 Policy, policy number [Insert Policy Number]. I was diagnosed with [Insert Illness] on [Insert Diagnosis Date] and would like to claim the benefits associated with my policy.

Attached to this letter, you will find the following documents:

- Copy of my Critical Illness Policy
- Medical reports and diagnosis from my healthcare provider
- Claim form duly filled
- Any additional relevant documentation

Please let me know if you require any further information or additional documents to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]