

Claim Form



Please email this completed claim form to claims@prudential.com.mm along with copies of:	
<input type="checkbox"/> Medical memo/ booklet/ report	<input type="checkbox"/> Claimant NRC photo
<input type="checkbox"/> Receipt or invoice (in case of surgical benefit only)	<input type="checkbox"/> Police letter (in case of police case only)
If claimant and life assured are not the same, please submit	
<input type="checkbox"/> Death certificate (in case of death claim only)	<input type="checkbox"/> Proof of guardianship of claimant with beneficiary (if beneficiary is minor or has a legal guardian)
<input type="checkbox"/> Proof of relationship of claimant with life assured	

Section (A) Claimant details

Policy Number	
Claimant Full Name	
Relationship to Life Assured	
Contact Number	
Full Address	

Section (B) Cause and circumstances of incident

Claim Type (Can tick more than one)	<input type="checkbox"/> Death	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Surgery
	<input type="checkbox"/> Accident	<input type="checkbox"/> Consultation visit	<input type="checkbox"/> Miscarriage

Section (C) Hospitalization and consultation details

Date of Admission		Date of Discharge	
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Section (C) Bank details

Bank Name		Branch Name	
Account Holder Name			
Account Number			
In case of Wallet Payment			
Wallet Name		Wallet Number	

Section (D) Declaration and signature

I declare that the facts stated are true and accurate to the best of my knowledge. I give consent to Prudential and their representatives to contact medical practitioners or related person for further clarification and to have assess for valid purpose to all information.

Signature	
Name	
Date	