

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 beneficiary (if beneficiary is below 18 years old 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 and NRC	
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"/> Accident	<input type="checkbox"/> Hospitalization <input type="checkbox"/> Consultation visit	<input type="checkbox"/> Surgery <input type="checkbox"/> Miscarriage

Section (C) Hospitalization and consultation details

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

Bank/Wallet (Wave or Kpay only) Name		Branch Name	
Account/ Wallet Holder Name			
Account/ Wallet Number			

IMPORTANT NOTES: If Life Assured/Beneficiary is still alive, we can transfer payment only to Life Assured/Beneficiary's bank account or wallet. Bank accounts must NOT be special or flexi accounts (except YOMA flexi). Kpay account must be grade 2 or above. Wave Pay limit is up to 2 million MMK only.

Section (E) Declaration and signature

I declare that the facts stated are true and accurate to the best of my knowledge. I give consent to Prudential Myanmar Life Insurance and their representatives to contact medical practitioners or related persons for further clarification and to have access to my information for the valid purpose of processing this claim.

Signature	
Name	
Date	