

# Lump Sum Claim Form

## 1. Life Assured claim details

Policy number

Mr/Mrs/Miss/Ms

Surname

First Names

Home address

Postal address

Date of birth    Business phone

Day Month Year

Home phone  Mobile phone

Email

## 2. Policy Owner's name and postal address (if different from above)

Mr/Mrs/Miss/Ms

Surname

First Names

Postal address

Home phone  Mobile phone

Business phone

Email

## 3. Questions (for completion by the Life Assured)

(a) Name of the medical condition which you have been diagnosed with.

(b) When did you first become aware of symptoms and what were they?

(c) When did you first seek medical advice for this condition?

(d) Name of the doctor who initially diagnosed the condition and when?

