

Lump Sum Claim Form

1. Life Assured claim details

Policy number	<input type="text"/>		
Mr/Mrs/Miss/Ms	<input type="text"/>		
	Surname		
	<input type="text"/>		
Home address	First Names		
	<input type="text"/>		
	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text"/>	Business phone	<input type="text"/>
	Day Month Year		
Home phone	<input type="text"/>	Mobile phone	<input type="text"/>
Email	<input type="text"/>		

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

Mr/Mrs/Miss/Ms	<input type="text"/>		
	Surname		
	<input type="text"/>		
	First Names		
	<input type="text"/>		
	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Home phone	<input type="text"/>	Mobile phone	<input type="text"/>
Business phone	<input type="text"/>		
Email	<input type="text"/>		

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?

