

# Claim Request - ABC Insurance

Claim Request - ABC Insurance

Claim Number: ABC-CL-2025-000789

Policy Number: ABC-UK-00123456

Claimant Name: Mr. John Smith

Date of Birth: 15th March 1985

Address: 45 Elm Street, London, UK

## 1. Claim Details

- Hospital Name: St. Thomas' Hospital, London
- Treatment Date: 10th February 2025
- Medical Condition: Acute Appendicitis (Appendectomy performed)
- Total Hospital Bill: £8,500
- Amount Claimed: £8,500

## 2. Supporting Documents

The following documents are attached for claim verification:

1. Completed Claim Form
2. Medical Report from St. Thomas' Hospital
3. Itemised Hospital Invoice
4. Payment Receipts
5. Prescription and Doctor's Notes

## 3. Declaration

I, John Smith, confirm that the details provided in this claim request are accurate and true to the

best of my knowledge. I understand that providing false information may result in claim denial and legal consequences.

Claimant Signature: \_\_\_\_\_

Date: 15th February 2025

4. Contact Details for Correspondence

Email: john.smith@email.com

Phone: +44 7890 123456

For ABC Insurance Use Only:

- Claim Received On: \_\_\_\_\_
- Claim Status: [Pending/Approved/Denied]
- Processed By: \_\_\_\_\_
- Payment Date: \_\_\_\_\_

ABC Insurance Official Seal & Signature

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