

The Accident Insurance Claim Form Instruction Sheet details the procedure for submitting a claim following an accident. Claimants must complete and sign a claimant statement, and if the accident has not been reported, the attending physician must fill out their section. For reported accidents, the assigned claim number must be included on all documentation. Required supporting documents include a diagnosis, specific procedures or treatments received, and the date of service. Claimants are encouraged to authorize Electronic Funds Transfer (EFT) for direct deposit of payments; otherwise, payments will be issued by check. It is crucial to note that benefit payments may impact other coverages or benefits, and claimants should consult a tax advisor regarding potential tax implications, as benefits may be taxable income under certain conditions. Completed forms and documents should be sent to Prudential Insurance Company of America at the designated address.

The form contains sections for claimant information, accident details, physician contact information, and additional benefits claims. Claimants must provide a thorough description of the accident, including location and circumstances, and attach relevant documentation such as police reports or hospital admission records if applicable. The form requires claimants to certify the accuracy of the information provided and includes fraud warnings specific to residents of Florida and New York. Additionally, claimants must certify their taxpayer identification number and authorize electronic funds transfers for benefit payments.

The attending physician is required to complete a section detailing the patient's condition, treatment, and relevant medical history, with supporting medical documentation accompanying the claim. Specific types of injuries covered under the policy include brain injuries, dental injuries, burns, and various other conditions such as coma, concussion, dislocation, dismemberment, eye injuries, fractures, hernias, lacerations, and paralysis, each necessitating detailed information about the nature and cause of the injury. The policy underscores the importance of accurate reporting, warning that false or misleading information can lead to criminal prosecution and denial of benefits, with state-specific fraud warnings outlining the legal consequences for providing false information in

claims or applications. The document concludes with a section for the physician's verification, requiring their signature and date to affirm the truthfulness of the information provided.

Additionally, the document serves as a notice from Prudential Financial, Inc. and its related entities, indicating that the Prudential name and logo are registered service marks. It includes important information for Louisiana residents, providing contact details for the Louisiana Department of Insurance, located at 1702 N. 3rd Street, Baton Rouge, LA 70802, with a phone number of 800-259-5300 and a mailing address for written inquiries at Post Office Box 94214, Baton Rouge, LA 70804.