

Accidental Death and Dismemberment Benefit Statement

Policyholder Information

Policyholder Name

Policy Number

Contact Number

Address

Beneficiary Information

Name

Relationship to Insured

Contact Number

Address

Accident Details

Date of Accident

Location of Accident

Description of Accident

Type of Loss/Injury

Claim Information

Date of Claim

Amount Claimed

Claim Reference Number

Benefit Payment

Description	Amount
Principal Sum	
Percentage Paid	
Total Benefit Payable	

Remarks

Date

Authorized Signature