

Financial Information Disclosure

Critical Illness Insurance

Policyholder Information

Name	<div></div>
Date of Birth	<div></div>
Policy Number	<div></div>

Premium Details

Premium Amount	<div></div>
Payment Frequency	<div><div><div>• Monthly</div><div>• Quarterly</div><div>• Annually</div></div><div><div>â–ª–j</div><div>â–ª–j</div><div>â–ª–j</div></div></div>
Payment Method	<div></div>

Coverage Details

Sum Insured	<div></div>
Covered Critical Illnesses	<div><div><div>•</div><div>•</div><div>•</div></div><div><div></div><div></div><div></div></div></div>
Waiting Period	<div></div>
Benefit Payout	<div><div><div>• Lump Sum</div><div>• Installment</div></div><div><div>â–ª–j</div><div>â–ª–j</div></div></div>

Exclusions & Limitations

•

•

•

Other Fees & Charges

Description	Amount / Percentage
Policy Fee	<div></div>
Other Charges	<div></div>

Agent / Insurer Contact

Agent Name	<div></div>
Contact Number	<div></div>
Email	<div></div>

Disclaimer: This document is for illustration only and does not constitute an actual policy or binding agreement. Please refer to your actual policy terms and disclosures provided by the insurer.

