



LIFE

Zaroori Hai

DEATH CLAIM INTIMATION FORM

Disclaimer: Please note that this is intimation of a death claim and not in any way admission of liability on part of the Company. Separate death claim forms will be issued after submission of this death claim intimation form.

Important Instructions:

- Please complete the form in capital letters.
- Give full answers to all questions.

Section 1: Details of Policy

1: Policy No(s): _____ 2: Date of Commencement: _____ 3: Status: _____
 4: Total Premium: _____ 5: Last Premium Paid Date: _____ 6: Next Due Date: _____

Section 2: Details of Life Assured

7: Name: _____ 8: CNIC No: _____
 9: Last Address: _____
 10 Last Job Title: _____ 11: Employer's/Business Phone No: _____
 12: Employer's/Business Contact No: _____

Section 3: Details of Claim

13: Date of Death: _____ 14: Place of Death: _____ 15: Type of Death: Natural Accidental
 16: Cause of Death: _____ 17: Date of first consultation with doctor: _____
 18: Name and address of the Hospital consulted within last 1 year: _____
 _____ 19: Phone No: _____
 20: Place & date of Accident (If accidental): _____
 21: Brief description of event (attached separate sheet if required): _____

Section 4: Details of person intimating claim

22: Name: _____ 23: Relationship with deceased: _____
 24: Current Address: _____
 25: Phone No: _____ 26: Cell No: _____ 27: Email: _____
 28: Signature / thumb impression of person intimating claim: _____

Section 5: Affirmation by claimant

I have fully understood the contents of this form and hereby declare that whatever is stated above is true and accurate to the best of my knowledge and belief.

Signature of Claimant: _____ Date: _____

* Signature required in case this form has been filled out by the claimant, otherwise please leave blank

Section 6: Branch Certification: (To be filled by Location Manager (LM))

Branch Name: _____ Serving Consultant: _____ S. C. Code: _____
 Date & Time of Intimation: _____ Source of Intimation: _____
 Any other important information: _____
 Name of Location Manager: _____ Signature of L M: _____