

DEATH CLAIM APPLICATION FORM

| NAME OF POLICY | | | |
|---|--|-------------------------------|-------------------|
| HOLDER | | | |
| LODGE BY | | H DECEASED | POLICY |
| 140 | ••••• | | |
| Caution Upon submission of fraudulent a outright rejection of your claim. falsified documentations presen the act in any national newspap | If after settlement of claim, on the to miLife; we reserves the | our investigations prove th | nat there was any |
| 1. IDENTIFICATION OF DECEASED | | | |
| NAME OF DECEASED | | | |
| DATE OF BIRTH/AGE | O ⁽ | CCUPATION | |
| RESIDENTIAL ADDRESS | | | |
| WELL-KNOWN LANDMARK | | | |
| MOBILE NO | | | |
| RELIGION: PL | ACE OF WORSHIP | LOCATION | |
| Employer Details: | | | |
| EMPLOYER NAME | LO0 | CATION | |
| ADDRESS | TE | E | |
| 2. DEATH DESCRIPTION: | | | |
| DATE OF DEATH | PLACE OF D | EATH (HOME, HOSPITAL, OTHERS) | |
| HOSPITAL NAME | | | |
| CAUSE OF DEATH | | | |
| | | | |
| 3. DETAILS OF MORTUARY/ BURIA | AL INFORMATION | | |
| WAS BODY DEPOSITED AT MORTUAR | RY YES NO | | |
| NAME OF MORTUARY: | TE | L | |
| HAS DECEASED BEEN BURIED | YES NO | | |
| NAME OF CEMETERY OR INTENDED | CEMETERY: | | |
| DATE OF BURIAL NAM | ME OF RELIGIOUS BODY THAT HAN | NDLED THE BURIAL | |
| | | | |
| 4. PARTICULARS OF CLAIMANT/ BENEFIC | IARIES | | |
| FULL NAME: | DATE OF BIRTH: | TEL | ••••• |
| RESIDENTIAL ADDRESS | | | |
| NOTABLE LANDMARK: | | | |
| EMPLOYER NAME | OCCUPATION | | |
| DEPARTMENT | COMPANY TEL | | |
| NAME OF SUPERVISOR OR MANAGER | | | |

| 5. PARTICULARS OF CLAIM | - | | 4.05 | | T | |
|--|--|--|--|--|---|---|
| FULL NAME | | | | | | |
| RESIDENTIAL ADDRESS | | | | | | |
| NOTABLE LANDMARK: | | | | | | |
| NAME OF EMPLOYER | | OC | CUPAIION | | | |
| 6. DETAILS OF CLAIMANTS | SPOUSE/ CHILD | | | | | |
| FULL NAME | | | AGE | | TEL | |
| RESIDENTIAL ADDRESS | | | | | | |
| NOTABLE LANDMARK: | | | | | | |
| NAME OF EMPLOYER | | OC | CUPATION | | | |
| Pay me through: | _ Bank | Chit | Chit (SMS) | | Mobile Mor | ney 🔲 |
| Name of Bank: | | | Branch | ı: | | |
| | | | | | | |
| | | | | | | |
| Account No. /Mob | ile No: | | | | | |
| | | | | | | |
| | | | | | | |
| PLEASE WRITE ANY ADDITIO | NAL INFORMATIO | N WE NEED TO K | IOW BELOW: | | | |
| | | | | | | |
| | | | - | | DEATH CED | EFFICATE TO |
| 7. REQUIRED DOCUMENTAT | AFFIDAVIT OF I | IDENTITY IF POLIC | Y CANNOT BE TRAC | ED | DEATH CER | |
| POLICY DOCUMENT | AFFIDAVIT OF II DOCTOR'S REPOR | IDENTITY IF POLIC | Y CANNOT BE TRAC | ED DLICE REPO | RT IN CASE OF A | |
| POLICY DOCUMENT | AFFIDAVIT OF II DOCTOR'S REPOR | IDENTITY IF POLIC | Y CANNOT BE TRAC | ED DLICE REPO | RT IN CASE OF A | |
| POLICY DOCUMENT | AFFIDAVIT OF II DOCTOR'S REPOR BENEFICIARIES AN | IDENTITY IF POLIC | Y CANNOT BE TRAC | DLICE REPO | RT IN CASE OF A | ACCIDENT |
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