



**DEATH CLAIM APPLICATION FORM**

NAME OF POLICY  
HOLDER..... CLAIM  
LODGE BY.....RELATIONSHIP WITH DECEASED..... POLICY  
NO.....

**Caution**

*Upon submission of fraudulent documentation even in genuine cases may result in delay of payment or outright rejection of your claim. If after settlement of claim, our investigations prove that there was any falsified documentations presented to miLife; we reserves the right to prosecute the claimant and publish the act in any national newspaper.*

**1. IDENTIFICATION OF DECEASED**

NAME OF DECEASED.....  
DATE OF BIRTH/AGE .....OCCUPATION.....  
RESIDENTIAL ADDRESS.....  
WELL-KNOWN  
LANDMARK.....  
MOBILE NO.....  
RELIGION: ..... PLACE OF WORSHIP..... LOCATION.....

**Employer Details:**

EMPLOYER NAME..... LOCATION.....  
ADDRESS..... TEL.....

**2. DEATH DESCRIPTION:**

DATE OF DEATH..... PLACE OF DEATH (HOME, HOSPITAL, OTHERS).....  
HOSPITAL NAME..... NAME OF DOCTOR.....  
CAUSE OF DEATH.....

**3. DETAILS OF MORTUARY/ BURIAL INFORMATION**

WAS BODY DEPOSITED AT MORTUARY  YES  NO  
NAME OF MORTUARY: ..... TEL.....  
HAS DECEASED BEEN BURIED  YES  NO  
NAME OF CEMETERY OR INTENDED CEMETERY:.....  
DATE OF BURIAL..... NAME OF RELIGIOUS BODY THAT HANDLED THE BURIAL.....

**4. PARTICULARS OF CLAIMANT/ BENEFICIARIES**

FULL NAME: .....DATE OF BIRTH: ..... TEL.....  
RESIDENTIAL ADDRESS.....  
NOTABLE LANDMARK: .....  
EMPLOYER NAME.....OCCUPATION.....  
DEPARTMENT..... COMPANY TEL.....  
NAME OF SUPERVISOR OR MANAGER.....

**5. PARTICULARS OF CLAIMANTS SIBLING/RELATION**

FULL NAME.....AGE..... TEL.....  
RESIDENTIAL ADDRESS.....  
NOTABLE LANDMARK: .....  
NAME OF EMPLOYER.....OCCUPATION.....

**6. DETAILS OF CLAIMANTS SPOUSE/ CHILD**

FULL NAME .....AGE..... TEL.....  
RESIDENTIAL ADDRESS.....  
NOTABLE LANDMARK: .....  
NAME OF EMPLOYER.....OCCUPATION.....

Pay me through: Bank  Chit  Chit (SMS)  Mobile Money

Name of Bank: ..... Branch: .....

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Account No. /Mobile No:

**PLEASE WRITE ANY ADDITIONAL INFORMATION WE NEED TO KNOW BELOW:**

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**7. REQUIRED DOCUMENTATION FOR DEATH CLAIM APPLICATION SUBMITTED (PLEASE TICK)**

POLICY DOCUMENT  AFFIDAVIT OF IDENTITY IF POLICY CANNOT BE TRACED  DEATH CERTIFICATE   
MEDICAL CERTIFICATE OF DOCTOR'S REPORT OF CAUSE OF DEATH  POLICE REPORT IN CASE OF ACCIDENT   
AFFIDAVITS OF IDENTITY OF BENEFICIARIES AND TRUSTEESHIP WHERE BENEFICIARIES ARE MINORS   
ACCEPTABLE NATIONAL ID  PROOF OF AGE OF DECEASED  MORTUARY/ BURIAL DOCUMENTATION

**DECLARATION**

I do hereby declare that all the above statements and answers to above question are true to the best of my knowledge, that I have not concealed or withheld any material information and that I undertake to furnish any documentation which may be required by miLife Insurance Company. I expressly waive all provisions of law, custom or professional **etiquette** forbidden any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorized all such persons or agencies to furnish any information in their possession to miLife.

**SIGNATURE OF CLAIMANT:**.....**SIGNED DATE:**.....**TIME:**.....

**FOR OFFICIAL USE ONLY:**

Name of Claim Receiving Officer: .....Signature:  
.....

Branch Office: .....Date:  
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Remarks:  
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