miLife INSURANCE

CLAIM APPLICATION FORM

(Maturity, Partial Withdrawal, Cash Bonus and Surrenders Only)

Name of policyholder: .....

Policy no.: .....

Deduction Source: .....Staff ID/Account no.: .....

Mobile Number: ..... E-mail: .....

Claim Type: **Maturity:**☐ **Partial Withdrawal**☐ **Surrender:**☐ **Cash Bonus:**☐

Reason for
Surrender: .....
.....

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

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

Account No. / Mobile No:

Policy holder's signature.....

Today's Date.....Time.....

FOR OFFICIAL USE ONLY:

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

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

Remarks: .....
.....

Checklist:

ID card received: YES ☐ NO ☐

Policy document received: YES ☐ NO ☐

Acceptance Letter: YES ☐ NO ☐

Have you cross-checked the account details for payment? YES ☐ NO ☐

Deletion Status: Reduce Premium ☐ Maintain Premium ☐ Delete all Premium ☐