

Life Insurance Claim Application Form

Policyholder Information

Policy Number:

Policyholder Name:

Date of Birth:

Address:

Claimant Information

Claimant Name:

Relationship to Policyholder:

Contact Number:

Claim Details

Date of Death:

Cause of Death:

Claim Amount:

Declaration

☐ I declare that the information provided is true and correct to the best of my knowledge.

Submit Application