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## INDIVIDUAL LIFE CLAIM FORM

### 1. Claim type (please tick)

Maturity                       Encashment                       Surrender/Cancellation                       HCP

### 2. Details of Policyholder

First Name..... Surname .....

Date of Birth ...../...../..... NRC or Passport Number.....

Employee Number..... Email Address.....

Cell Number..... Policy Number.....

### 3. Reason for Cancellation (if surrender/cancellation)

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### 4. Bank Details

Name of the bank.....

Account Number ..... Confirm Account Number .....

Branch ..... Amount Required(for Encashment).....

### 5. Documents required

1. Original Policy Document (Cancellation, Surrender, Maturity)
2. Copy of NRC (All claim types)
3. Proof of Account (ATM Card copy or Account statement)
4. Discharge and Admission slips from hospital

### 6. Declaration

I, ..... declare that the foregoing particulars are true in every respect.

Please provide signature for any alteration.

.....  
signature

.....  
date