
INDIVIDUAL LIFE DEATH CLAIM FORM

1. Details of Policyholder

First Name..... Surname

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

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

Cell Number.....

2. Policy Details

Policy Number Sum Assured

Commencement Date/...../..... Maturity Date/...../.....

Term years

3. Documents required

1. Death certificate/burial permit/BID certificate/post mortem report in case of RTA
2. Copy of NRC for the deceased
3. Letter confirming death from third party
4. Letter of appointment of administrator
5. Fully signed letter from Administrator/Claimant/Beneficiary
6. Copy of NRC for the administrator, claimant/beneficiary
7. Original Policy documents

4. Declaration

I, declare that the foregoing particulars are true in every respect.
Please provide signature for any alteration.

.....
signature

.....
date