



**DEATH CLAIM FORM**

**FOR INDIVIDUAL LIFE POLICIES:**

**Details of Policyholder:**

Policyholder's name: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Policyholder's ID No.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

**Details of the Deceased:**

Name of the deceased: \_\_\_\_\_  
ID No. of the deceased: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Relationship to policyholder: \_\_\_\_\_ Occupation of the deceased: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_

**Beneficiary details:**

Name of the beneficiary: \_\_\_\_\_  
ID No. of the beneficiary: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship to policyholder: \_\_\_\_\_

**Declaration:**

**I hereby declare and certify that all particulars furnished herein are the true records at the date of coverage and at date of claim.**

Name of the claimant: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Beneficiary: \_\_\_\_\_

Kindly tick against your most preferred mode of communication from us.

- 1. Email
- 2. Postal Address
- 3. CIC Branch  (Indicate Branch) \_\_\_\_\_

**Death Claim Requirements:**

**NB: For Family Life plan/Last Expense Claims, only requirements 1-6 are applicable.**

**(All copies MUST be certified by a CIC Branch Administrator).**

- 1 Beneficiaries Copy of ID
- 2 Policy Holder's Copy of ID
- 3 Copy of the Burial Permit
- 4 Certificate of Identity - Duly filled
- 5 Certificate of Attending Physician - Duly filled
- 6 Copy of the Police Abstract if accident is involved
- 7 Copy of ATM card of claimant
- 8 Copy of the Death Certificate
- 9 Copy of the Post Mortem Report
- 10 Copy of recent pay slip of policy holder (Check off)
- 11 The Original Policy Document (If lost provide an affidavit)

PS: We may seek further documentation in the event the above documents are not sufficient to analyze the claim.