

POLICY NUMBER(S) _____

1. DETAILS OF THE DECEASED

Title: _____ Surname: _____

Forenames: _____

Date of Birth: _____ National Identity Card No: _____

Address: _____

Date of Death: _____ Place of Death: _____

Main cause(s) of death: _____

Associated cause: _____

Did death occur by Suicide / Accident? _____

Was the deceased's death caused by his/her transgression of any law? Yes No Under Investigation

Please specify the date the deceased first consulted a doctor: _____

Name & Address of all treating doctors:

	<i>Name</i>	<i>Address</i>
1.		
2.		
3.		

2. GENERAL DETAILS

Does the life insured have life coverage with other insurance company? Yes / No. If Yes, please provide details below.

	<i>Name of Insurance Company</i>	<i>Sum Assured</i>
1.		
2.		
3.		

3. CLAIMANT DETAILS

Title: _____ Surname: _____

Forenames: _____

Date of Birth: _____ National Identity Card No: _____

Address: _____

Tel No. (M): _____ Email Address: _____

Relationship with Life Assured: _____

4. DECLARATION

I declare that to the best of my knowledge all the information that I have given in this claim form is accurate and complete and that I have not withheld any information which could influence the decision on this claim. I further declare that I understand that my failure to disclose relevant information in respect of this claim may invalidate the claim.

I agree that the furnishing of this form or any other forms supplementary thereto by the National Insurance Co. Ltd shall not constitute nor be considered as an admission of the said claim. I further authorize any past doctor / medical or any other relevant Institutions / past or present employer(s) / any other insurance company to provide any information concerning the life assured's health records for the assessment of the claim being submitted.

Signature of Claimant: _____

Date: _____

5. FOR OFFICE USE

Claims Checklist (Tick as appropriate - ✓)		YES	NO
1.	Claimant Form been fully completed.		
2.	Death Certificate attached & certified		
3.	Certificate of the Cause of Death attached & certified		
4.	ID cards and Birth Certificate of Life assured and all beneficiaries attached & certified		
5.	Marriage certificate attached & certified (where appropriate)		
6.	Request for Medical Report Form attached		
7.	Police Report & Newspaper report attached (where Applicable)		
8.	Original Policy Contract attached (In case of loss of Policy Contract – PF77 & Disclaimer Form attached)		
9.	If death occurred overseas, all copies should be attached with translated version.		
10	Cancellation of Standing Order form		

I confirm that the claim documents submitted are complete and copies provided are of good quality.

Name of NICL Representative: _____ Signature: _____ Date: _____

Branch: _____ Remarks: _____