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LIFE DEATH CLAIM CHECKLIST

POLICY NO:

TYPE:

1. Documentation Submitted

- Original Death Certificate
- Original Medical Certificate of the cause of death (if deceased died in hospital)
- Original Proof of Identity (Life Insured)
- Original Proof of Identity (Claimant)
- Original Post-Mortem Report (Accidental Death)
- Original Police Report (Accidental Death) Original Mortuary Certificate
- Policy Document Proof of Premium Payment

2. Details of Life Insured

2.1 Full Names

2.2 Passport/ ID NoCell No

2.3 Residential Address

3. Details of Deceased

3.1 Full Names

3.2 Relationship to Life Insured

3.3 Date of Death

3.4 Cause of Death

3.5 Residential Address

3.6 Funeral Date

4. Details of Claimant

4.1 Full Names

4.2 Relationship to Life Insured

4.3 Residential Address

4.4 Passport Number

4.5 Cell Number

Bank:

Account Number:

Submitted by Date

Received by Date

Receiver Contact:

Accepted by Date