



## LIFE MATURITY CLAIM CHECKLIST

**POLICY NO:** .....

**TYPE:** .....

**1. Documentation Submitted**

- Policy Document
- Proof of Age
- Proof of Child Age
- Proof of Premium Payment
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**2. Details of Life Insured**

- 2.1 Full Names .....
- 2.2 Passport ID Number.....
- 2.3 Telephone Number.....
- 2.4 MaturityDate.....

Bank: .....

Account Number: .....

Submitted by..... Date .....

Received by ..... Date : .....