

EFU LIFE ASSURANCE LTD
CLAIMANT'S STATEMENT

This form is to be filled by the Claimant/Nominee

Important Instructions:

- Please complete the form in capital letters.
- Give full answers to all questions.
- In case of more than one claimant, a separate form will be required for each Claimant/Nominee.
- To be filled by Guardian in case the Nominee(s) are minor.

Section 1: Details of the Deceased

1: Full Name: _____ 2: Date of Birth: _____
3: Policy No: _____ 4: CNIC No: _____
5: Occupation at the time of Death: _____
6: Last Residential Address: _____

Section 2: Details of the Claimant

7: Capacity in which the Sum Assured is being Claimed: Nominee Guardian Legal Heir Assignee
8: Full Name: _____ 9: CNIC No: _____
10: Current Address: _____ 11: Phone No: _____
12: Bank Name: _____ 13: Account No: _____
14: Relationship with Deceased: _____
15: In case of guardian please give name(s) of minor(s): _____
16: Relationship with guardian: _____ 17: Age(s) of Minor(s): _____

Section 3: Details of the Claim

18: Date and Time of Death: _____ 19: Place of Death: _____
20: Cause of Death: _____
21: Name of last attending Doctor: _____ 22: Phone No: _____
23: Address of Hospital/Clinic: _____
24: Name of the Physician routinely consulted by the deceased: _____
25: Address: _____ 26: Phone No: _____

Section 4: Declaration

"I request for the payment of benefits under the above policy according to its terms and conditions in the capacity described above. I confirm that I am legally entitled to the claim payment and the same once made, will discharge EFU Life Assurance from all liabilities whatsoever under the above mentioned policy."

Signature of Claimant: _____ Date : _____
Witness Name: _____ S/o: _____
Address: _____
CNIC No: _____ Phone No: _____
Signature: _____ Date: _____