

# Life Insurance Death Claim Form

## 1. Policy Information

Policy Number

Sum Assured

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## 2. Deceased Insured's Details

Full Name

Date of Birth

Date of Death

Age at Death

Address

Cause of Death

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## 3. Claimant's Details

Full Name

Relationship to Deceased

Address

Phone Number

Email

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## 4. Bank Account Details (for Payment)

Account Holder Name

Bank Name

Account Number

IFSC / Routing Number

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5. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature

Date