

Senior Citizen Life Insurance Death Claim Form

Deceased Policyholder Details

Policy Number

Full Name of Deceased

Date of Birth

Date of Death

Address

Cause of Death

Claimant Details

Claimant's Name

Relationship to Deceased

Claimant's Address

Contact Number

Email Address

Bank Details for Payout

Bank Name

Account Holder's Name

Account Number

IFSC/Branch Code

Declaration & Signature

Declaration

Claimant's Signature

Date