

# Suicide Exclusion Insurance Death Claim Form

## Policy Details

Policy Number

Policy Type

Name of Insured

Date of Birth

Date of Policy Commencement

## Claimant Details

Full Name

Relationship to Insured

Contact Number

Email Address

Address

## Deceased Details

Date of Death

Place of Death

Cause of Death

## Additional Information

Was the death a result of suicide?

If yes, provide details

Other Relevant Details

## Declaration

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

Claimant's Signature

Date