

# Term Life Insurance Death Claim Notification

## Policy Details

Policy Number

Insured Person Name

Date of Birth

## Claimant Details

Claimant Name

Relationship to Insured

Contact Number

Email Address

Mailing Address

## Details of Death

Date of Death

Place of Death

Cause of Death

## Declaration

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

Name and Signature

Date