

Life Insurance Claim Proof of Loss Form

Policy Information

Policy Number

Name of Insured

Insurance Company

Claimant Information

Claimant's Name

Relationship to Insured

Address

Phone Number

Email

Details of Loss

Date of Death

Place of Death

Cause of Death

Beneficiary Information

Beneficiary Name

Address

Phone Number

Additional Remarks

Remarks / Additional Information

Declaration & Signature

Declaration

Claimant's Signature

Date