

Children's Life Insurance Claim Form

Policy Information

Policy Number

Insured Child's Name

Date of Birth

Date of Death

Place of Death

Cause of Death

Claimant Information

Claimant's Name

Relationship to Child

Contact Email

Contact Phone Number

Address

Additional Details

Supporting Documents

Choose File

No file selected

Comments or Special Instructions

Declaration



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

Signature

Date