

Life Insurance Accidental Death Claim Form

Policy Details

Policy Number

Insured Person's Name

Claimant Information

Claimant Name

Relationship to Insured

Address

Phone Number

Accident Details

Date of Accident

Place of Accident

Description of Accident

Date of Death

Cause of Death

Document Checklist

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Death Certificate

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Police Report

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Postmortem Report

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Claimant's Identification Proof

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Original Policy Document

Declaration & Signature

Declaration

Date

Signature of Claimant