

Life Assurance Funeral Claim Request

1. Policy Details

Policy Number

Plan Type

Policy Holder Name

2. Deceased Details

Full Name

Date of Birth

Date of Death

Cause of Death

3. Claimant Details

Full Name

Relationship to Deceased

Phone Number

Email Address

Address

4. Supporting Documents

List documents attached (e.g., Death Certificate, ID, Policy Document)

5. Declaration