



STATE LIFE
 INSURANCE CORPORATION OF PAKISTAN
 Registered & Supervised by the Securities
 & Exchange Commission of Pakistan
 KARACHI SOUTHERN ZONE

Telephones: 021-99217001-19
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Claim Form A

CLAIMANT'S STATEMENT

Policy No: _____ Name of the life insured: _____

Instructions for completion of this form:

- ◆ This form is to be completed by the person legally entitled to claim policy moneys i.e. nominee, Guardian, Trustee, Assignee and holder of succession certificate.
- ◆ In case there are more than one claimant each will be required to submit a separate form.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and overwriting.

1. Please provide following information about the claimant:

Name: _____ NIC No: _____
 Age or date of birth: _____ Occupation: _____
 Address: _____
 Phone No.: _____ Fax No.: _____ Email address: _____
 Relationship with the life insured: _____

2. Please tick the box below describing nature of your title under which you claim the policy moneys:

Nominee Guardian Trustee Assignee Successor

3. Please provide details about deceased life insured:

Name: _____ NIC No.: _____
 Last Occupation: _____
 Last address: _____
 Date of death: _____ Place of death: _____
 Immediate cause of death: _____ Age at death: _____
 Duration of last illness: _____

4. Please state particulars of other life or health insurance policies of the life insured:

Policy No.(s): _____
 Date(s) of issue: _____
 Issuing Office(s): _____

5. (a) Please state as to when did the deceased life insured first complain of being not in usual good health?

(b) Nature of illness then complained of: _____

6. Please provide details of medical attendants consulted during last illness of the deceased:

(a) Doctor's (Hospital's) Name: _____
 address: _____
 Date(s) of consultation: _____ Complaints: _____

(B) Doctor's (Hospital's) Name: _____
 address: _____
 Date(s) of consultation: _____ Complaints: _____

