

# Jubilee Life Insurance Company Limited

(formerly New Jubilee Life Insurance Company Limited)

74/1-A, M.T.Khan Road, P.O.Box 4895, Karachi-74000, Pakistan Phone 5611071-75, 5611802-08. NTN (0660564-8)

## CLAIMANT'S STATEMENT-DEATH CLAIM (FORM "A")

Separate form to be completed by each Claimant entitled to make Claim under the Policy

### Guidelines for completion of the Form

1. Please complete the form in all respects. Do not leave any column blank or incomplete. Please provide details. Use separate sheets if required.
2. Where boxes have been provided to facilitate your reply, please only tick the relevant box. Leave the remaining boxes unmarked.
3. Please write in neat legible script. Do not use abbreviations, dots, crosses and dashes. Do not overwrite, mutilate, cancel, or delete. In case inadvertently, an error has occurred, then please correct neatly under your full signature.
4. Please sign this form in the same signature & style that you affixed on your National Identity Card. In case your signature now differs then please provide a set each of three specimen signature in both styles duly attested by the witness / attestor of this form.
5. This form along with any other form / document required to be completed & submitted to the Company should be delivered directly to the Head Office of the Company at the address mentioned at the top of this form. The Company shall not be responsible for any form that is not received by it at the Head Office of the Company.

**POLICY NO** Life Assured Policyowner

### A Identification of the Claimant:

- 1 Name Ms/Mrs. \_\_\_\_\_ 2 Age \_\_\_\_\_
- 3 Father's / Husband's Name \_\_\_\_\_ 4 N.I.C.No \_\_\_\_\_
- 5 Relationship with the Deceased \_\_\_\_\_
- 6 Status as Claimant  Nominee / Beneficiary  Guardian  Assignee  Trustee  
 Successor  Administrator of Deceased's Estate  Other
- 7 If Claim is being lodged by Guardian on behalf of a Minor (person below 18 years of age), Please specify  
i. Minor's Name \_\_\_\_\_ ii. Age \_\_\_\_\_  
iii Sex \_\_\_\_\_ iv. Minor's relationship with (a) Deceased \_\_\_\_\_ (b) Claimant \_\_\_\_\_
- 8 Claimant's Complete Residential Address \_\_\_\_\_ Telephone No \_\_\_\_\_
- 9 Claimant's Complete Official Address \_\_\_\_\_ Telephone No \_\_\_\_\_
- 10 Claimant's Bank Account No, Title & Branch \_\_\_\_\_
- 11 Email ID & Forigen Contact Number of Claimant. \_\_\_\_\_

### B Information about the Deceased:

- 1 Name Mr/ Ms \_\_\_\_\_ 2 Age at Death \_\_\_\_\_
- 3 Father/ Husband's Name \_\_\_\_\_ 4 N.I.C.No \_\_\_\_\_
- 5 Resident Of \_\_\_\_\_  
(Complete address including specific Locality in City / Town / Village)
- 6 What was the deceased's Occupation/ Profession / Designation? \_\_\_\_\_
- 7 Where did the deceased work? \_\_\_\_\_  
(Name & Address of the place of work)
- 8 What was the nature of his duties and what work did he perform? \_\_\_\_\_
- 9 State Deceased's (a) Height \_\_\_\_\_ (b) Weight \_\_\_\_\_ © Identification Marks \_\_\_\_\_
- 10 State Deceased's Habits / Hobbies / Past-times \_\_\_\_\_  
(Habits would include smoking, alcohol intake, drug use)
- 11 Did the deceased have any other Insurance Policy on his / her life? If so please provide details.  
\_\_\_\_\_
- 12 Please state the Name, Relationship, Age of all the Legal heirs of the deceased. (use a separate sheet if necessary)  
\_\_\_\_\_
- 13 Was the deceased ever affiliated / involved with any political / religio-political organization or group?  Yes  No  
If Yes please provide details. \_\_\_\_\_
- 14 Place of Death \_\_\_\_\_

### C Claim Lodged for:

- 1 Sum Assured under (Policy type) \_\_\_\_\_ Amount Rs. \_\_\_\_\_
  - 2 Supplementary Contract (Type) \_\_\_\_\_ Amount Rs. \_\_\_\_\_
  - 3 Supplementary Contract (Type) \_\_\_\_\_ Amount Rs. \_\_\_\_\_
- Total Rs.** \_\_\_\_\_

**D****Circumstances of Death:**1 Reason Of Death Sickness Accident Homicide Suicide Self-inflicted Injury Other2 Cause of Death: \_\_\_\_\_  
(Description of the Illness / Disability / Injury / Medical Condition that was the immediate cause of death)3 Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4 Place of Death \_\_\_\_\_  
Date Month Year (Specific Locality in City / Town / Village)5 Complete Narration of the incident leading to / causing death:  
\_\_\_\_\_  
\_\_\_\_\_6 In your opinion what other secondary medical condition(s), habits, lifestyle, work-related factors, social / political affiliation of the life assured caused or contributed or aggravated circumstances leading to death. Please provide details with dates.  
\_\_\_\_\_  
\_\_\_\_\_

(list all factors-medical, physical, mental, hereditary, environmental, habits, stress - that in your opinion caused or contributed to the onset of the disease)

7 Did the deceased have any past / recent history of physical or mental, illness/disability/deformity/injury Yes No  
If **Yes** please provide details of the ailment / medical condition with date of occurrence.  
\_\_\_\_\_8 Prior to death was the deceased treated / attended by any Doctor / Hospital / Nursing Home / Clinic? Yes No  
If **Yes** please provide details of treatment / admission with location & dates.  
\_\_\_\_\_9 In the past 5 (five) years was the deceased ever attended by any Doctor or admitted to any Hospital / Clinic for any physical or mental, illness / disability / deformity / injury / medical condition? Yes No  
If **Yes** please provide name & Address of doctor / medical facility with dates & details of the medical problem / condition.

Name &amp; Address \_\_\_\_\_ Date \_\_\_\_\_ Treated for : \_\_\_\_\_

Name &amp; Address \_\_\_\_\_ Date \_\_\_\_\_ Treated for : \_\_\_\_\_

Name &amp; Address \_\_\_\_\_ Date \_\_\_\_\_ Treated for : \_\_\_\_\_

(Details are required - Use a separate sheet if necessary)

10 Did any blood relative of the deceased have an ailment or medical condition similar to or related to the disease or medical condition from which the deceased died? Please provide details with dates. \_\_\_\_\_  
\_\_\_\_\_11 Do you know of any medical tests and examinations that the deceased underwent? Yes No  
If **Yes** what medical condition were these tests & examinations for? What were their results & findings? When & where were these tests/examinations conducted?  
\_\_\_\_\_

(Name &amp; Address of the Medical Facility(ies)with specific dates are required - Use a separate sheet if necessary)

12 In case of death due to Accident / Homicide / Suicide / Self-inflicted injury, was an FIR lodged? Was an Autopsy / Post-Mortem performed? Has a Medico-legal Report been obtained? Please specify and provide copies.  
\_\_\_\_\_  
\_\_\_\_\_**Declaration & Authorization***The undersigned, hereby makes claim to said insurance, and agrees that the written statements and affidavits of all the physicians who attended to or treated the insured shall constitute part of these Proofs of Death, I further state that the above statements are true and complete to the best of my knowledge and belief. I, hereby, authorize any physician, clinic, hospital, medical body, insurance company, my employer, any organization, friend, relative person that has any information, record or knowledge of health or medical history of the above named deceased to provide the same to Jubilee Life Insurance Company Ltd (formerly New Jubilee Life Insurance Company Limited ). A photocopy of this*Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
(place) (date) (month) (year)

Signature of Claimant \_\_\_\_\_ Signature of Attestor/Witness \_\_\_\_\_

Full Name of Claimant \_\_\_\_\_ Name of Attestor / Witness \_\_\_\_\_

National Identity Card No. \_\_\_\_\_ National Identity Card No. \_\_\_\_\_

Current Address of Claimants \_\_\_\_\_  
\_\_\_\_\_Claimants Bank Account No and Branch \_\_\_\_\_  
\_\_\_\_\_**Form is to be witnessed and attested by an official of Jubilee Life Insurance Company Limited (formerly New Jubilee Life Insurance Company Limited ) of designation not below Assistant Branch Manager / Assistant Manager or by an official of the Government of, Pakistan / Province of Pakistan under his / her official stamp & seal. The witness/attestor must submit a clear legible copy of his / her NIC along with this form.**