

EFU LIFE ASSURANCE LTD
DEATH CLAIM INTIMATION FORM

Disclaimer: Please note that this is intimation of a death claim and not in any way admission of liability on part of the Company. Separate death claim forms will be issued after submission of this death claim intimation form.

Important Instructions:

- Please complete the form in capital letters.
- Give full answers to all questions.

Section 1: Details of Policy

1: Policy No(s): _____ 2: Date of Commencement: _____ 3: Status: _____
4: Total Premium: _____ 5: Last Premium Paid Date: _____ 6: Next Due Date: _____

Section 2: Details of Life Assured

7: Name: _____ 8: CNIC No: _____
9: Last Address: _____
10 Last Job Title: _____ 11: Employer's/Business Phone No: _____
12: Employer's/Business Contact No: _____

Section 3: Details of Claim

13: Date of Death: _____ 14: Place of Death: _____ 15: Type of Death: Natural Accidental
16: Cause of Death: _____ 17: Date of first consultation with doctor: _____
18: Name and address of the Hospital consulted within last 1 year: _____
_____ 19: Phone No: _____
20: Place & date of Accident (If accidental): _____
21: Brief description of event (attached separate sheet if required): _____

Section 4: Details of person intimating claim

22: Name: _____ 23: Relationship with deceased: _____
24: Current Address: _____
25: Phone No: _____ 26: Cell No: _____ 27: Email: _____
28: Signature / thumb impression of person intimating claim: _____

Section 5: Affirmation by claimant

I have fully understood the contents of this form and hereby declare that whatever is stated above is true and accurate to the best of my knowledge and belief.

Signature of Claimant: _____ Date: _____

* Signature required in case this form has been filled out by the claimant, otherwise please leave blank

Section 6: Branch Certification: (To be filled by Location Manager (LM))

Branch Name: _____ Serving Consultant: _____ S. C. Code: _____
Date & Time of Intimation: _____ Source of Intimation: _____
Any other important information: _____
Name of Location Manager: _____ Signature of L M: _____