

ASKARI LIFE ASSURANCE CO. LTD.

CLAIM INTIMATION FORM



THIS FORM IS TO BE FILLED BY THE CLAIMANT/NOMINEE

Important Instructions:

1. Please complete the form in capital letters.
2. Give full answers to all questions.
3. In case of more than one claimant, a separate form will be required for each Claimant/Nominee.
4. To be filled by Guardian in case the Nominee(s) are minor.

SECTION 1: DETAILS OF THE DECEASED

1. Full Name: _____ 2. Date of Birth: _____
3. Policy No: _____ 4. CNIC No: _____
5. Occupation at the time of Death: _____
6. Last Residential Address: _____

SECTION 2: DETAILS OF THE CLAIMANT

7. Capacity in which the Sum Assured is being Claimed: Nominee Guardian Legal Heir Assignee
8. Full Name: _____ 9. CNIC No: _____
10. Current Address: _____ 11. Phone No: _____
12. Bank Name: _____ 13. Account No: _____
14. Relationship with Deceased: _____
15. In case of Guardian please give name(s) of Minor(s): _____
16. Relationship with Guardians: _____ 17. Ages of Minor(s): _____

SECTION 3: DETAILS OF THE CLAIM

18. Date and Time of Death: _____ 19. Place of Death: _____
20. Cause of Death: _____
21. Name of last attending Doctor: _____ 22. Phone No: _____
23. Address of Hospital/Clinic: _____
24. Name of the Physician routinely consulted by the deceased: _____
25. Address: _____ 26. Phone No: _____

SECTION 4: DECLARATION

I request for the payment of benefits under the above policy according to its terms and conditions in the capacity described above. I confirm that I am legally entitled to the claim payment and the same once made, will discharge Askari Life Assurance Company Ltd from all liabilities whatsoever under the above-mentioned policy.

Signature of Claimant: _____ Date: _____

Witness Name: _____ S/o: Address: _____

CNIC No: _____ Phone No: _____

Signature: _____ Date: _____