



CLAIMANT STATEMENT FORM_GROUP LIFE_DEATH CLAIM

GENERAL INFORMATION:

POLICY NUMBER _____ NAME OF POLICY HOLDER COMPANY _____

ADDRESS OF THE EMPLOYER _____

CONTACT NO. OF EMPLOYER _____ EMAIL _____

NAME OF PERSON TO BE CONTACTED FOR CLAIM _____ CONTACT NO _____

DETAILS OF EMPLOYEE

- NAME OF THE DECEASED _____ DATE OF BIRTH _____
- CNIC NO. _____ EMPLOYEE NO. _____ CATEGORY _____
- RESIDENTIAL ADDRESS _____
- PERSONAL CONTACT NUMBER AS PER COMPANY RECORD _____
- OCCUPATION AT THE TIME OF DEATH _____ DESIGNATION _____
- NATURE OF JOB AT THE TIME OF DEATH: PERMANENT ☐ CONTRACT ☐ FULL TIME ☐ PART TIME ☐
- JOB STATUS AT THE TIME OF DEATH: REGULARLY ATTENDING JOB ☐ ON LEAVE ☐ TERMINATED ☐ RESIGNED ☐
- DATE OF JOINING THE COMPANY _____ DEPARTMENT _____
- DATE WHEN HE /SHE LAST ATTENDED HIS JOB _____ REASON FOR STOPPING WORK _____
- IF THE EMPLOYEE WAS ON LEAVE PLEASE CONFIRM THE TYPE OF LEAVES: _____

DETAILS OF DEATH

DATE OF DEATH _____ PLACE OF DEATH _____ TIME _____

DEATH OCCURRED AT: HOME ☐ HOSPITAL ☐ OTHER _____

NATURE OF DEATH: NATURAL ☐ ACCIDENTAL ☐ SUICIDE ☐ MURDER / HOMICIDE ☐

CAUSE OF DEATH: _____

SECTION TO BE COMPLETED IF DEATH IS DUE TO ACCIDENTAL CAUSES

DATE OF ACCIDENT _____ PLACE OF ACCIDENT _____

BRIEF DESCRIPTION OF EVENT _____

WAS A POLICE REPORT REGISTERED: YES ☐ NO ☐ POST MORTEM / MEDICOLEGAL EXAM DONE: YES ☐ NO ☐

DECLARATION:

I,THE CLAIMANT HEREBY NOTIFY ADAMJEE LIFE ASSURANCE COMPANY LIMITED OF THE DEATH OF THE LIFE ASSURED AND DECLARE THAT THE AFOREGOING ANSWERS AND FULL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I HAVE WITHHELD NO MATERIAL FACT FROM THE COMPANY. I HEREBY MAKE CLAIM TO THE BENEFITS OF THE INSURANCE WITH ADAMJEE LIFE ASSURANCE COMPANY LIMITED AND AGREE THAT THE WRITTEN STATEMENTS AND AFFIDAVITS OF ALL THE DOCTORS WHO ATTENDED OR TREATED THE DECEASED AND ALL OTHER PAPERS FURNISHED IN SUPPORT OF THIS CLAIM SHALL CONSTITUTE AND ARE HEREBY MADE A PART OF THIS CLAIM AND FURTHER AGREE THAT THE FURNISHING OF THIS FORM, OR ANY OTHER FORMS SUPPLEMENTAL HERETO, BY THE COMPANY SHALL NOT CONSTITUTE OR BE CONSIDERED AN ADMISSION BY IT THAT THERE WAS ANY INSURANCE IN FORCE ON THE LIFE IN QUESTION OR A WAIVER OF ANY OF ITS RIGHTS OR DEFENSES IN LAW. I HEREBY AUTHORIZE ANY MEDICAL PRACTITIONER, HOSPITAL OR ANY OTHER PERSON TO FURNISH ADAMJEE LIFE ASSURANCE COMPANY LIMITED OR ITS REPRESENTATIVE, ANY DETAILS RELATING TO ILLNESS, OR INJURY OF THE DECEASED OR SUCH INFORMATION AS MAY BE NECESSARY TO CONSIDER THIS CLAIM.

NAME OF THE AUTHORIZED OFFICER _____

SIGNATURE _____

DATE _____

CONTACT NO. _____

EMAIL ADDRESS _____

OFFICIAL STAMP