

Death Benefit Claim Form Sample

Download the **death benefit claim form** sample to understand the required documentation for processing your claim efficiently. This form includes a mandatory medical certificate to verify the cause of death, ensuring timely approval. Accurate completion of all sections helps expedite the benefits disbursement process.

Death Benefit Claim Form

Deceased Information

Full Name:

Date of Birth:

Date of Death:

Policy Number:

Claimant Information

Claimant's Full Name:

Relationship to Deceased:

Contact Information:

Medical Certificate (Mandatory)

1. Attach an original or certified copy of the medical certificate stating the cause of death.

2. Ensure the certificate is signed and stamped by the attending physician or medical authority.

3. If death occurred abroad, provide an English translation of the certificate.

☐ I confirm that the medical certificate is attached as required.

Declaration

I hereby confirm that the information provided is true and complete to the best of my knowledge.

Signature:

Date:

Submit Claim

Note: Please ensure all sections are accurately filled and supporting documents are attached, including the medical certificate, to prevent

processing delays.