

Insurance Claim Form

Filing an **insurance claim form** for a deceased policyholder requires accurate documentation to ensure a smooth process. This sample form provides a clear template to help beneficiaries submit necessary details efficiently. Proper completion facilitates timely claim settlement and supports the grieving process.

Section 1: Deceased Policyholder Information

Full Name of Deceased

Date of Birth

Date of Death

Policy Number

Section 2: Beneficiary Details

Beneficiary Name

Relationship to Deceased

Contact Information

Beneficiary Address

Section 3: Claim Details

Type of Claim

Claim Amount (if known)

List of Documents Attached

Date of Submission

Signature of Beneficiary

(Sign or enter full name)

Submit Claim

Note: Please ensure all information is accurate and all mandatory documents are attached to avoid any delays in claim processing.