

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

(e.g., Death Benefit)

Claim Amount (if known)

List of Documents Attached

e.g., Death Certificate, Policy Document, ID Proof

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.