

Death Claim Form Sample

This **death claim form sample** with nominee declaration provides a clear template for beneficiaries to file claims efficiently. It includes essential fields for nominee details, ensuring smooth processing and legal compliance. Using this sample helps streamline the verification process and expedite claim settlement.

1. Policyholder's Details

Full Name	
Policy Number	
Date of Birth	
Date of Death	
Cause of Death	
Address	

2. Nominee's Details

Full Name	
Relationship with Deceased	
Date of Birth	
Contact Number	
Address	
Email	

3. Required Documents Checklist

- Original Policy Document
- Death Certificate (attested copy)
- Nominee's Identity Proof (copy)
- Medical Certificate (if applicable)
- Claimant's Bank Details (with cancelled cheque)
- Other supporting documents (if any)

4. Nominee Declaration

I, _____ (nominee), hereby declare that I am the rightful nominee as per the policy mentioned above. The above information provided by me is true and correct to the best of my knowledge and belief. I undertake to provide any additional information or documents required for claim processing.

I indemnify the insurer against any claims, demands, losses, or damages arising out of or in connection with any incorrect information or documents provided by me.

Signature of Nominee	_____
Date	_____
Place	_____

Note: Please ensure all documents and details are complete to avoid delay in claim settlement. This is a

sample template for general guidance only.