

Life Insurance Claim Form Sample for Beneficiary

Download a **life insurance claim form sample** to guide beneficiaries through the submission process efficiently. This template ensures all necessary information is provided for prompt claim approval. Use it to simplify and expedite your life insurance benefits request.

1. Policyholder Information

Policy Number:

Policyholder Name:

Date of Birth:

Date of Death:

2. Beneficiary Information

Beneficiary Name:

Relationship to Insured:

Address:

Phone Number:

Email:

3. Claim Details

Claim Amount:

Bank Details for Payment:

Supporting Documents (e.g., death certificate):

☐ Death Certificate

☐ Beneficiary Identification Proof

☐ Policy Document

4. Declaration & Signature

☐ I declare that the information provided is true and complete to the best of my knowledge.

Signature:

Date:

Submit Claim