

Filled Death Claim Form Sample for Medical Insurance

Review this **filled death claim form sample** to understand the proper completion process for medical insurance claims. It provides a clear example of the necessary details required by insurance providers. Use this sample as a guide to ensure accurate and timely claim submissions.

Policyholder Information

Policy Number:

Full Name of Deceased:

Date of Birth:

Address:

Claimant Information

Claimant Name:

Relationship to Deceased:

Contact Number:

Claimant Address:

Details of Death

Date of Death:

Cause of Death:

Place of Death:

Attending Physician:

Bank Details for Claim Payment

Bank Name:

Account Holder's Name:

Account Number:

IFSC / Routing Code:

Supporting Documents Attached

- Original Policy Document
- Death Certificate (No. DC2024/0198)
- Medical Certificate of Cause of Death
- Copy of Claimant's ID Proof
- Bank Passbook Copy

Declaration

I, Mary Smith, hereby declare that the information provided above is true and complete to the best of my knowledge. I request the insurance proceeds be released as per policy terms.

Signature of Claimant:

Date: