

# Life Insurance Accidental Death Claim Form Example

The **life insurance accidental death claim form** example provides a detailed template to facilitate the filing process after an unfortunate event. It ensures all necessary information is accurately collected to expedite claim approval. Using this form helps beneficiaries receive timely financial support during difficult times.

Policyholder Information

Policy Number:

Policyholder Name:

Date of Birth:

Address:

Accident & Death Details

Date of Accident:

Date of Death:

Place of Death:

Description of Accident:

Claimant Information

Claimant Name:

Relationship to Deceased:

Contact Number:

Email Address:

Documents Checklist

☐ Death Certificate

☐ Police/Accident Report

☐ Claimant ID Proof

☐ Original Policy Document

Submit Claim