

Death Benefits Compensation Claim Form

Use this **Death Benefits Compensation Claim Form** sample to accurately submit a claim for financial assistance following a loved one's passing due to work-related incidents. It ensures all necessary details are provided, facilitating a smooth and efficient claims process. Download and customize the form for your specific needs to secure rightful compensation.

Deceased Information

Full Name:

Date of Birth:

Date of Death:

Employment Details:

Claimant Information

Full Name:

Relationship to Deceased:

Contact Number:

Address:

Incident Details

Date of Incident:

Description of Incident:

Supporting Documents

☐ Death Certificate

☐ Proof of Employment

☐ Incident Report

☐ Other (please specify):

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

Submit Claim