

Death Benefit Claim Form

Accidental Death Insurance

The **death benefit claim form** sample for accidental death insurance assists beneficiaries in filing claims efficiently. It includes essential fields for claimant and policy details to ensure timely processing. Using this form helps secure the financial support provided by the insurance policy in case of accidental death.

Policy Details

Policy Number:

Insurance Company Name:

Deceased Information

Full Name of Deceased:

Date of Birth:

Date of Death:

Cause of Death (as per death certificate):

Claimant Information

Claimant Full Name:

Relationship to Deceased:

Contact Address:

Phone Number:

Email Address:

Accident Details

Date of Accident:

Place of Accident:

Brief Description of Accident:

Supporting Documents Checklist

Document	Attached (Yes/No)
Certified Copy of Death Certificate	
Policy Document/Certificate	
Police/Accident Report	
ID Proof of Claimant	
Relationship Proof (if applicable)	
Other Relevant Documents	

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

Date:

Signature of Claimant: