



**CLAIMANT'S STATEMENT**

**Policy No. :-** .....  
**Claim No. :-** .....

*(To be filled by the Person entitled to policy monies)*

In connection with claim under Policy No. .... on the life of MR./  
Mrs./ Miss. ....

**1. Details of Death**

(a). Date of Death : .....	Place of Death : .....
Age at Death : .....	Cause of Death : .....

(b). Name of Hospital / Nursing Home / Dispensary where the deceased was treated : .....

(c). Date of admission / dates of treatment, if not admitted to a hospital.

**2. Has the deceased complained of any illness during the period of three years or to terminal illness ? If so, Please furnish us :**

(a). Names and Addresses of the Doctors who treated him / her : .....

(b). Nature of illness : .....

(d). Dates of treatment : .....

**3. Details of other Life Insurance Policies (if any) held by the deceased.**

Policy No.	Name of insurer	Sum Insured	Date of commencement

**4. Last place of work of the deceased.**

(a). Name of Employer : .....

(b). Address of employer : .....

**5. In what capacity are you claiming the policy money ?**

(eg: Assignee / Nominee / Close relation)

I .....of .....  
(Name of the Claimant)

..... aged ..... years do hereby declare  
(Claimant's Address)

that the answers to the above questions are true and complete in each and every respect.

I hereby authorise the Janashakthi Insurance PLC. to obtain any information or reports that may be required from the previous employers of the deceased and / or from any hospital/s and medical attendants who have treated the deceased.

Dated at ..... this ..... days of ..... 20.

National identity card no. : .....

Designation : .....

Telephone Number : .....

Signature : .....

**Witness :**

Name : .....

Address : .....  
.....  
.....

National identity card no. : .....

Designation : .....

Signature : .....