

# Death Claim Form

Group Life



## Policy Details

Policy Number

Insured ID (as in Policy Listing):

**Important:** This form must be filled and signed by the policyholder

## Insured Person Details

First Name

Type of ID

Middle Name

ID/Passport Number

Family Name

Nationality

Gender

Date of Birth

Cause of Death

Date of Death

Basic Salary

Gross salary

Was the insured person actively at work at the time of Death?

Yes

No

## Required Documents

**Death certificate** stating the cause of death.

If death is overseas, then **Death Certificate must be attested** by the relevant Embassy in the UAE, and a copy of approved leave.

Police Report (If death was due to an Accident)

Medical report (If death was due to Sickness)

Clear copy of **National Identity** document or **Passport with residence visa page** for the Insured Person

Copy of Repatriation Expenses invoices/receipts **(If Covered)**

**Please note that the Company might request further documents as deem necessary**

Policyholder Name

Broker

Country

Date

Policyholder Stamp & Signature