



LIFE INSURANCE

**PRUDENTIAL ZENITH LIFE INSURANCE LIMITED
13th FLOOR, CIVIC TOWERS, VICTORIA ISLAND, LAGOS-NIGERIA**

DEATH CLAIM FORM

POLICY DETAILS : TYPE OF SCHEME	
POLICY NUMBER	
DETAILS OF LIFE ASSURED (DECEASED)	
(A) FULL NAME	
(B) DATE OF BIRTH	
(C) DATE OF DEATH	
(D) PLACE OF DEATH	
(E) PLACE OF BURIAL	
(F) SUM ASSURED	
(G) NAME / ADDRESS OF BENEFICIARY :	
CAUSE OF DEATH :	
DETAILS OF PHYSICIAN WHO ATTENDED TO THE LIFE ASSURED DURING ILLNESS OR ACCIDENT	NAME : ADDRESS : DATE : REASON :
HAS THE LIFE ASSURED OTHER LIFE POLICIES, IF YES GIVE DETAILS :	INSURER : POLICY NO : SUM ASSURED : PERIOD OF COVER :
DETAILS OF CLAIMANT (S)	FULL NAME : ADDRESS : RELATIONSHIP TO LIFE ASSURED :

I/We the undersigned Claimant(s) hereby make a claim on the above group scheme/life assurance policy. I/We agree that the above statement and any other statement that the company may require from the physician(s) who attended or treated the Life Assured, and any other proofs the Company may require to its satisfaction shall constitute the proof of death of the Life Assured.

BENEFICIARY DETAILS

FULL NAME (S)

GENDER

NATIONALITY

DATE OF BIRTH

OCCUPATION

PHONE NUMBER

ADDRESS

BENEFICIARY'S BANK

BENEFICIARY'S ACCOUNT NUMBER

BANK BRANCH

BENEFICIARY'S BVN

MEANS OF IDENTIFICATION

ID TYPE AND NUMBER

NAME, SIGNATURE & STAMP (COMPANY REPRESENTATIVE)

NB: Please note that we are under regulatory and statutory obligation to update our customers' details regularly and that has made it imperative that this form be completed before we can proceed.

We appreciate your business patronage and reaffirm our commitment to providing you with excellent services at all times.