



DEATH CLAIM APPLICATION FORM

NAME OF POLICY HOLDER.....
CLAIM LODGE BY.....RELATIONSHIP WITH DECEASED.....
POLICY NO.....GROUP: (where applicable).....

Caution

Upon submission of fraudulent documentation even in genuine cases may result in delay of payment or outright rejection of your claim. If after settlement of claim, our investigations prove that there was any falsified documentations presented to miLife; we reserves the right to prosecute the claimant and publish the act in any national newspaper.

1. IDENTIFICATION OF DECEASED

NAME OF DECEASED.....
DATE OF BIRTH/AGEOCCUPATION.....
RESIDENTIAL ADDRESS.....
GPS ADDRESS.....
WELL-KNOWN LANDMARK OF ADDRESS.....
MOBILE NO OF DECEASED.....

Deceased Religious Background:

RELIGION: PLACE OF WORSHIP..... LOCATION.....
CONTACT FROM RELIGIOUS BODY: NAME OF PERSON.....MOBILE NO.....

Deceased Employer Details:

EMPLOYER NAME..... LOCATION.....
CONTACT PERSON'S NAME..... MOBILE NUMBER.....

Deceased Relative Detail (Sibling/Family head/other relative)

NAME OF RELATION.....RELATIONSHIP TO DECEASED.....
MOBILE NO.....

2. DEATH DESCRIPTION:

DATE OF DEATH..... PLACE OF DEATH (HOME, HOSPITAL, OTHERS).....
HOSPITAL NAME..... NAME OF DOCTOR.....
CAUSE OF DEATH.....

3. DETAILS OF MORTUARY/ BURIAL INFORMATION

WAS BODY DEPOSITED AT MORTUARY YES NO

NAME OF MORTUARY: TEL.....

HAS DECEASED BEEN BURIED YES NO

NAME OF CEMETERY OR INTENDED CEMETERY:.....

DATE OF BURIAL..... NAME OF RELIGIOUS BODY THAT HANDLED THE BURIAL.....

