

**EFU LIFE ASSURANCE LTD**  
**DEATH CLAIM INTIMATION FORM**

**Disclaimer:** Please note that this is intimation of a death claim and not in any way admission of liability on part of the Company. Separate death claim forms will be issued after submission of this death claim intimation form.

**Important Instructions:**

- Please complete the form in capital letters.
- Give full answers to all questions.

**Section 1: Details of Policy**

1: Policy No(s): \_\_\_\_\_ 2: Date of Commencement: \_\_\_\_\_ 3: Status: \_\_\_\_\_  
4: Total Premium: \_\_\_\_\_ 5: Last Premium Paid Date: \_\_\_\_\_ 6: Next Due Date: \_\_\_\_\_

**Section 2: Details of Life Assured**

7: Name: \_\_\_\_\_ 8: CNIC No: \_\_\_\_\_  
9: Last Address: \_\_\_\_\_  
10 Last Job Title: \_\_\_\_\_ 11: Employer's/Business Phone No: \_\_\_\_\_  
12: Employer's/Business Contact No: \_\_\_\_\_

**Section 3: Details of Claim**

13: Date of Death: \_\_\_\_\_ 14: Place of Death: \_\_\_\_\_ 15: Type of Death: Natural  Accidental   
16: Cause of Death: \_\_\_\_\_ 17: Date of first consultation with doctor: \_\_\_\_\_  
18: Name and address of the Hospital consulted within last 1 year: \_\_\_\_\_  
\_\_\_\_\_ 19: Phone No: \_\_\_\_\_  
20: Place & date of Accident (If accidental): \_\_\_\_\_  
21: Brief description of event (attached separate sheet if required): \_\_\_\_\_  
\_\_\_\_\_

**Section 4: Details of person intimating claim**

22: Name: \_\_\_\_\_ 23: Relationship with deceased: \_\_\_\_\_  
24: Current Address: \_\_\_\_\_  
25: Phone No: \_\_\_\_\_ 26: Cell No: \_\_\_\_\_ 27: Email: \_\_\_\_\_  
28: Signature / thumb impression of person intimating claim: \_\_\_\_\_

**Section 5: Affirmation by claimant**

I have fully understood the contents of this form and hereby declare that whatever is stated above is true and accurate to the best of my knowledge and belief.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature required in case this form has been filled out by the claimant, otherwise please leave blank

**Section 6: Branch Certification: (To be filled by Location Manager (LM))**

Branch Name: \_\_\_\_\_ Serving Consultant: \_\_\_\_\_ S. C. Code: \_\_\_\_\_  
Date & Time of Intimation: \_\_\_\_\_ Source of Intimation: \_\_\_\_\_  
Any other important information: \_\_\_\_\_  
Name of Location Manager: \_\_\_\_\_ Signature of L M: \_\_\_\_\_