



CLAIMANT'S STATEMENT

(This statement is to be filled by the person legally entitled to the policy moneys and each question should be fully answered.)

In connection with claim under Policy No. on the life of

1. PARTICULARS CONCERNING THE CLAIMANT

- (a) Name of the claimant
- (b) Age
- (c) Address
- (d) Contact nos (Res) (Mob)
- (e) Nature of Title under which the claim for policy money is submitted viz:
(Nominee, Assignee, Executor, Administrator)
Trustee & Beneficiary
- (f) Relationship to deceased

2. PARTICULARS CONCERNING THE DECEASED LIFE ASSURED

- (a) Place of death of the life assured
- (b) Date of death
- (c) Duration of illness
- (d) Cause of death
- If by accident, give full description of the accident

- (e) Last occupation of the late life assured
- (f) Last address of the late life assured

3. (a) When the deceased first complain of being not in usual good health?
.....
- (b) Nature of illness then complained?
- (c) Did the deceased stay in the hospital? If yes, which hospital?
.....
- (d) For how long he stayed in the hospital?

4. State the name(s) of the medical practitioner who last attended the deceased. (Private family doctor or medical officer from the hospital).
.....

I, do hereby declare that the statement made herein above is true in each and every respect.

Declared this day of 20 ..

.....
Signature of the Claimant

I.D No.

.....
Signature & Name of witness

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