



## PROOF OF DEATH

### CLAIMANT'S STATEMENT #1

PRINT DECEASED'S INFORMATION:								
Policy #								
Name	LAST NAME	FIRST NAME	MIDDLE NAME					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>
Date of Birth	(DD/MM/YYYY)		Nationality					
National Registration #								
Residence Address								
Date of Death		Place of Death		Cause of Death				
Residence at Death								
Other residence during past five (5) years								
Occupation at date of death								
Place of birth of deceased								
Record of birth (Birth/ Baptismal Certificate)								
When did the deceased first complain of or give other indications of his/her illness?								
When did the deceased first consult a Physician for his/her last illness?								
On what date did the deceased last attend his/her usual work?								

**NAME AND ADDRESSES OF ALL PHYSICIANS WHO ATTENDED TO THE DECEASED DURING HIS/HER LAST ILLNESS AND DURING THE THREE YEARS PRIOR THERETO:**

NAME	ADDRESS	DATE OF ATTENDANCE	DISEASE

**IN WHAT OTHER COMPANIES AND FOR WHAT AMOUNTS WAS THE LIFE OF THE DECEASED INSURED?**

COMPANY	POLICIES HELD	AMOUNT OF INSURANCE

<b>What is your relationship to the deceased?</b>	
<b>In what capacity or by what title do you claim this insurance benefit?</b>	
<b>Who has possession of the Policy Contract?</b>	

THE UNDERSIGNED HEREBY MAKES CLAIM TO SAID INSURANCE IN RESOLUTION LIFE ASSURANCE COMPANY LTD., AND AGREES THAT THE WRITTEN STATEMENTS AND AFFIDAVITS OF ALL PHYSICIANS WHO ATTENDED OR TREATED THE INSURED, AND ALL OTHER PAPERS CALLED FOR BY THE INSTRUCTIONS HEREON SHALL CONSTITUTE AND THEY ARE HEREBY MADE A PART OF THESE PROOFS OF DEATH; AND FURTHER AGREES THAT THE FURNISHING OF THIS FORM OR ANY OTHER FORMS SUPPLEMENTAL THERTO, BY THE SAID COMPANY SHALL NOT CONSTITUTE NOR BE CONSIDERED ON ADMISSION BY IT THAT THERE WAS ANY INSURANCE IN FORCE ON THE LIFE IN QUESTION, NOR WAIVER OF ANY OF ITS RIGHTS OR DEFENCES.

Dated at _____	Signature _____ Age _____
This _____ day of _____ 20 _____	Address _____
	Signature _____ Age _____
	Address _____
	_____
	_____

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ personally appeared before me the above named \_\_\_\_\_ who is known to me and who subscribed the foregoing statement before me and made Oath that the foregoing answers are each and all complete and true.

FOR OFFICIAL USE ONLY
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