

ALLIANCE INSURANCE (PSC)
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 letter.
- *Give full answers to all questions.

Section 1: Details of Policy

1: Policy No(s): _____

Section 2: Details of Life Assured

2: Name: _____

3: Last Address: _____

4 Last Job Title: _____ 5: Employer's/Business Phone No: _____

6: Employer's/Business Contact No: _____

Section 3: Details of Claim

7: Date of Death: _____ 8: Place of Death: _____ 9: Type of Death: Natural Accidental

10: Cause of Death: _____ 11: Date of first consultation with doctor: _____

12: Name and address of the Hospital consulted within last 1 year: _____

_____ 13: Phone No: _____

14: Place & date of Accident (If accidental): _____

15: Brief description of event (attached separate sheet if required): _____

Section 4: Details of person intimating claim

16: Name: _____ 17: Relationship with deceased: _____

18: Current Address: _____

19: Phone No: _____ 20: Cell No: _____ 21: Email: _____

22: Signature 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: _____

DCI/01/2017

Policy Holder Service Department | Alliance Insurance P.S.C | 205, 2nd floor, Warba Centre | P.O. Box 5501 | Dubai | UAE

☎ +971 4 6051 214 📠 +971 4 6051 112 /113 ✉ lifephs@alliance-uae.com | www.alliance-uae.com