

DEATH CLAIM NOTIFICATION / INTIMATION FORM (For Individual Life)

To
Claims Department
Chartered Life Insurance Company Limited
Head Office, Dhaka

Policy No : _____

Name of Policy Owner : _____

Claim Type : Natural Accidental Others

Date of Death : _____

Cause of Death : _____

Beneficiary / Nominee Information :

Name of Beneficiary : _____

Relationship with the Deceased : _____

Mobile No : _____

E-mail : _____

Present Address : _____

Signature of Beneficiary / Nominee

Date : _____

Name of FA/UM/BM/Marketing Executive

Signature

Code No