

Please accept our condolences on your recent loss. We realise it's a difficult time and we will do our best to make sure that the appropriate assistance and service is provided to expedite the process.

1. Please Specify Claim Type

Policy Type	Policy Mobile Number/Name
Individual	
Burial Society Name	
Corporate Name	

2. Deceased Details

Full Name		ID Number	
Date of Birth		Date of Death	
Cause of Death		Place of Death	
Funeral Service Provider Used			
For Death out of Hospital state where was death reported			
For Accidental death give a short description			
Specify if death was suspected suicide			

3. Claimant and Witnesses Details

	Claimant Details	Witness 1 Details	Witness 2 Details
Full Name			
ID Number			
Relationship			
Address			
Mobile Number			
Signature			
Date			

4. Beneficiary Details

Pay to Beneficiary (Name)		Beneficiary Mobile Number	
Banking Details			
Account Holder Name		Bank Name	
Bank Account Number		Branch	

Underwritten By Econet Life Pvt Limited

Disclaimer: Completion of the claimant form does not entitle the claimant to receive proceeds from the policy, Econet Life Pvt Ltd reserved the right to pay the nominated beneficiary as per the policy terms and conditions.

In the event the beneficiary fails to complete a claim form/ s/he will have to write a letter/affidavit and submit together with national ID waiving their right to complete the form and appoint beneficiary.