



**4. OTHER PARTICULARS**

- (a). Was the deceased married? .....
- (b). How many children has he/she left? .....
- (c). Are there any minor children? .....  
If so, how many? .....
- (d). Has he/she left a will? .....
- (e). Was the policy assigned? .....

**5. EMPLOYMENT**

- (a). Where was the deceased employed last?
  - i. Name of the employer: .....
  - ii. Address: .....

**DECLARATION**

I, .....  
(write full name of claimant)  
..... aged ..... years residing at .....

..... do hereby declare that the answers to the above questions are complete and true in every respect.

I am claiming the proceeds of this policy as the ..... of the deceased and I hereby authorise the ceylinco Life Insurance Limited to obtain any information or any reports that may be required from:

- i. the Employer of the deceased
- ii. any Hospitals, Medical Attendants who have treated the deceased.
- iii. any Police Station, Police Officer or Law officer

Dated at ..... this ..... day of ..... 20.....

..... Signature of Witness	..... Signature of Claimant
Name : .....	
Designation : .....	
Address : .....	
.....	
.....	

N.B.  
Witness to this statement must be a responsible person.

- \*State whether the proceeds of the policy are claimed as
- (a). Legal heirs (if so, give the relationship to the deceased).
  - (b). Executor or Assignee.
  - (c). Guardian of any minor (if so, please give details below).