CEYLINCO LIFE®



A Relationship For Life™

Ceylinco Life Insurance Limited, Ceylinco Life Tower, 106, Havelock Road, Colombo 5. Co. Reg. No. PB5183 Tel: (011) 2461461 E-mail: service@ceylife.lk Web: www.ceylincolife.com

LIFE ASSURANCE CLAIMANT'S STATEMENT

Policy No:		for Rs				
on	the Life of Mr/Mrs/Miss					
				Nrite full name of the decea	sea)	
		(add	lress)			
	s form must be completed by t pen, dots, dashes or blanks wil		oceeds un	der the Policy. All answe	ers should be filled legibly; strokes o	
1.	DETAILS OF DEATH (a) Date of Death	Place of Death		Age at Death	Cause of Death	
	·	Nurshing Home/Dispensary wh	ere the de	eceased was treated.		
	(ii) Ward No./Bed Head Ticket No.					
	(c) When did he/she first complain of any symptoms leading to the fatal illness?					
	(d) Was a Coroner's inquest, Post Mortem, Magisterial inquiry held?					
2.	PAST ILLNESSES (Has the deceased complained of any illness during the past 3 years from the date of the fatal illness? If so, please give the information below.					
	Name & address of the doctor who treated him various illnesses			Nature of illness(e	periods of treatment	
3.	OTHER LIFE ASSURANCES Please give details of other Life Assurance held by the deceased.					
	Policy No.	Name of Insurer(s)	9	um assured	Date of Policy	

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.	EMF	EMPLOYMENT				
	(a).	Where was the deceased employed last?				
		i. Name of the employer:				
		ii. Address:				
		DECLADATION				
l,		DECLARATION				
		(write full name of claimant)				
		aged years residing at				
		do hereby declare that the answers to the above questions				
are	compl	ete and true in every respect.				
of t	he dec	ing the proceeds of this policy as the ceased and I hereby authorise the ceylinco Life Insurance Limited to obtain any information or any reports that may ed from:				
	i.	the Employer of the deceased				
	ii.	• •				
	iii.	any Police Station, Police Officer or Law officer				
Date	ed at .	day of				
		of Witness Signature of Claimant				
Nan	ne	:				
Des	ignati	on :				
Add	ress	:				
N.B						
		Witness to this statement must be a responsible person.				
*Sta	ate wh	nether 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).