

# EFU LIFE - WINDOW TAKAFUL OPERATIONS

## Death Claim Intimation Form



### Section 1: Details of Policy / Membership

1. Policy/Membership number \_\_\_\_\_ 2. Date of Commencement \_\_\_\_\_ 3. Mode \_\_\_\_\_  
4. Main Plan Sum Covered \_\_\_\_\_ 5. Total Contribution \_\_\_\_\_ 6. Status \_\_\_\_\_  
7. Riders \_\_\_\_\_ 8. Next Contribution Due Date \_\_\_\_\_

### Section 2: Details of Participant

1. Name \_\_\_\_\_  
2. Correspondence Address \_\_\_\_\_  
3. Job Title \_\_\_\_\_ 4. Name & Address of the Last Employer/Business \_\_\_\_\_  
5. Tel # of Employer/Business \_\_\_\_\_ 6. E-mail Address \_\_\_\_\_

### Section 3: Details of Claim

1. Date and Time of Death \_\_\_\_\_ 2. Place of Death \_\_\_\_\_  
3. Type of Death (please tick appropriate box) Natural (Sickness)  Accidental   
4. Primary cause of death \_\_\_\_\_  
5. Date of first consultation with doctor \_\_\_\_\_ 6. Date of first hospitalization \_\_\_\_\_  
7. Name(s) of the Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year \_\_\_\_\_  
8. Address, Tel. No. of Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year \_\_\_\_\_  
9. Place of accident (if accidental) \_\_\_\_\_  
10. Brief description of event (attach separate sheet of paper if required) \_\_\_\_\_

### Section 2: Details of person intimating claim

1. Name \_\_\_\_\_ 2. Relationship with deceased \_\_\_\_\_  
3. Correspondence Address \_\_\_\_\_  
4. Tel # \_\_\_\_\_ 5. Cell # \_\_\_\_\_ 6. E-mail Address \_\_\_\_\_  
7. Signature / thumb impression of person intimating claim \_\_\_\_\_

### Section 5 : Affirmation by the Claimant

*\*Signature required in case this form has been filled out by the Claimant, otherwise please leave blank.*

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 \_\_\_\_\_

*Disclaimer: Please note that this is an intimation of a death claim and not in any way admission of liability on part of the Company. Separate detailed Death claim forms will be issued after submission of Intimation Form.*

### Section 6: Details of Branch Certification (To be filled by the Location Manager (LM))

1. Branch Name \_\_\_\_\_ 2. Servicing Consultant \_\_\_\_\_ 3. S.C Code \_\_\_\_\_  
4. Date and time of intimation \_\_\_\_\_ 5. Source of Intimation \_\_\_\_\_  
6. Any other important information \_\_\_\_\_  
7. Name of Location Manager \_\_\_\_\_ 8. Signature of LM \_\_\_\_\_