Life Insurance Division

Investigation Form for Early Death Claim

(Within two years of policy inception)

Details of deceased	
Policy No.	
Deceased Name	
CID No	
Details of death	
1. Give a brief history of general health, habits and mode of living of the deceased at the time or prior to the date of proposal.	
2. What was the financial status of the assured? State if in your opinion, he/ she could afford to maintain the total insurance he had.	
3. Give name and address of the deceased's last medical attendant /doctor consulted.	
4. Was the doctor/ medical attendant consulted by the deceased during the last three years, if so, a statement to be obtained giving the details?	
5. Had the deceased been treated in any hospital?	
6. State the name and address of the persons contacted for ascertaining the above facts.	
7. Any other information relating to the death which you think is important	

(FOR OFFICIAL USE BY RICB)				
Branch Name		Date	DD/MM/YYYY	
Form Completed by				(EID No. & Signature)