

Death Notice

(TO BE COMPLETED BY INFORMANT)

Date _____

Policy No./s _____

Name of deceased insured _____

Last Address _____

Date of Death _____ Time _____ AM
PM

Place of Death _____

Cause of Death _____

Date and Place of Interment _____

Name of Memorial Service Provider _____

On behalf of _____
(name/s of beneficiary/ies represented)

who is/are my _____

I would like to request a set of your claim forms. I fully understand that the liability of Insular Life shall be determined after these forms are completed and submitted along with other required documents.

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)

Printed Name & Signature of Informant

Contact Details:

Landline No: _____

Cellphone No: _____

E-mail: _____

Complete Address: _____

RECEIVED Claim Forms and Requirement Sheet by:

Name in Print & Signature

Date