



STATE LIFE

Insurance Corporation of Pakistan

CLAIMS FORM-D
(Form -IVD)

Certificate of Employer

Policy No: _____ Name of the Policyholder _____

Instructions for completion of this form:

- ◆ This form is to be completed by employer of the deceased life insured.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and overwriting.

I / We _____ do hereby declare that Mr./Mrs./Ms. _____ son/daughter/wife of: _____ was employed with us for _____ years _____ months at _____. He/she last attended business (this office) on _____ and died at age of _____ on _____ after suffering from _____ for _____ years _____ months _____ days. His /her personal appearance was as follows: _____. His / her date of birth as per service record is _____. A copy of his age proof submitted with us is enclosed.

As per our record, the above named person availed of the following leaves three years prior to his/her death:	
Period	Reasons for leave mentioned in the application with details of leave availed on Medical Grounds:
From: _____ To: _____	
From: _____ To: _____	
From: _____ To: _____	

Copies of the leave applications and medical certificates provided in support are attached.

I am /we are fully satisfied that he/she is the same person described in the policy issued by State Life Insurance Corporation of Pakistan as the insured.

Signed at _____ this _____ day of _____ 20_____

(Signature of the authorized officer)

Official seal of the Company

Name of the officer: _____

Designation of officer: _____

Phone No : _____

Attestation:

The statement below must be signed by a Gazetted Officer, Nazim, NaibNazim, Chief Executive Officer of Municipality. Justice of Peace, Magistrate, Collector or Judge of the Place or district where the death took place or an officer of State Life not below the rank of AM.

I certify that the information provided in this form is complete to the best of my knowledge and belief.

Signature with seal: _____ dated: _____

Name: _____ Address: _____

Phone No: _____ Fax No. _____ CNIC No.: _____