



STATE LIFE

Insurance Corporation of Pakistan

CLAIMS FORM-C
(Form -IVC)

Certificate of Identity.

Policy No _____ Name of the Claimant/s. _____

Instructions for completion of this form:

- ◆ This form is to be completed by a person who knows the deceased life insured but is not related to him / her and has no interest in the policy moneys.
- ◆ 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 over-writing.

I _____ do hereby declare that I Know Mr./Mrs./Ms/ _____ son/daughter/ wife of _____ Residing at _____ prior to his / her death for the last _____ years and _____ months and that he / she died aged about _____ years at _____ on the _____ day of _____ 20____) after suffering _____ for _____ years and _____ months. His / her personal appearance was as follows: _____

I am satisfied that he / she is the same person who was described in the policy issued by the State Life Insurance Corporation of Pakistan in the year _____ and on whose death the above named claimant is now making a claim with State Life.

Signed at _____ this _____ day of _____ 20____)

Signature: _____ Name: _____ Address: _____

Cell / Phone No.: _____ E-mail address: _____ Fax No.
_____ CNIC No: _____

Attestation:

The statement below must be signed by a Gazetted Officer, Nazim, NaibNamim, 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 claimant has signed it before me and I have verified his/her CNIC.

Signature with seal: _____ date: _____

Name: _____

Address: _____

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