

DEATH CLAIM NOTIFICATION / INTIMATION FORM
(For Individual Life)

To
Manager
Claims Department
Chartered Life Insurance Company Limited
Head Office, Dhaka.

Policy No: _____

Name of Deceased / Policy Owner: _____

Claim Type: Natural Accidental Others

Date of Death:

Cause of Death: _____

Beneficiary / Nominee Information

<p>Name: _____</p> <p>Relationship with the Deceased: _____</p> <p>Contract Address: _____</p> <p>_____</p> <p>Mobile No: _____</p> <p>Email: _____</p> <p>Signature of Beneficiary / Nominee: _____</p> <p>Date: _____</p>
