

Life Insurance Corporation ( International) B S C (C)
Bahrain

CLAIMANT'S STATEMENT

In connection with claim under Policy No. ....
On the life of Mr/Ms....., I as the claimant
under the policy make the following statement :

1. Particulars regarding the claimant :

- (i) Name of the Claimant : .....
(ii) Age : .....
(iii) Address : .....
(iv) Relationship to the
deceased life assured : .....
(v) Nature of Title under
which the claim for policy
money is submitted viz. : .....
Beneficiary, Assignee, Executor,
Administrator or Trustee

2. Particulars regarding the
deceased life assured: Mr. / Mrs .....

- (i) Place of death of the life assured : .....
(ii) Date of death &
Exact time of death : .....AM / PM
(iii) Age of life assured at death : .....
(iv) Duration of last illness : .....
(v) Immediate cause of death : .....
(vi) Last occupation of the life assured : .....
(vii) Last address of the life assured : .....
(viii) Full name of deceased's father : .....

3. Particulars regarding other policies of the life assured:

Policy No. Sum Assured Name of Issuing Office

- 4. (a) When did the deceased first
Complain of being not in usual : .....
Good health ?
(b) Nature of illness then complained of : .....

- 5. The names of medical attendants
during the last illness : .....

6. Name and address of the doctors consulted during the last three years

Date / dates of consultation	Name of the doctor or Hospital & address	Nature of complaint
1.		
2.		
3.		

I , ..... do hereby declare that the statement made hereinabove are true in each and every respect.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital from divulging any knowledge or information acquired by him / them in attending upon or examining a person on the ground of secrecy, I hereby authorise the physician or Hospital who has attended upon or examined or treated the aforesaid deceased life assured for any ailment or illness to divulge any knowledge or information regarding the deceased's state of health which he/ they may have acquired, whether before or after the policy was issued by the company, to the company, its officers and legal advisers or in any court of Law.

.....  
Signature of the claimant

Designation : .....  
Address : .....

Declared at ..... this ..... day of ..... 20.....  
before me.

.....  
Signature of Witness  
Name : .....  
Address : .....

(If the declaration is signed in vernacular, the witness should also sign the following declaration).

Certified that the contents of this form were explained to the declarant in vernacular and he/ she has signed hereto after fully understanding the same.

Signature : .....  
Name : .....