

KYC Statement for Death Claims for Agent/Branch

Made at _____

Date _____

Claim for Indemnity of ☐ Life/Personal Accident Insurance Policy ☐ Group Insurance Policy ☐ Credit Insurance Policy

Insured's Name _____ Employer/Organization's Name _____

Insurance Policy No. _____

Certificate of Insurance No. _____

I, _____, Agent Code _____ Unit Code _____,
have proceeded with KYC of

- ☐ Beneficiary.
☐ Father / Mother / Lawful Guardian of the Minor.
☐ Legitimate Heir of the Insured.

No.	Name-Surname	Identification Card No.	Identification Document		Photograph of the Beneficiary along with Identification Card (3)
			Copy of Identification Card Front-Back (1)	Copy of House Registration (2)	
1.					
2.					
3.					
4.					

Remark: In the column of documents (1), (2), and (3), please specify (√) only for the proceeded item, and ask the person whose identity is proven to "sign for certifying true copy in the documents (1), (2), and (3) ", and submit the documents to the Company.

I hereby certify that I have proceeded with KYC of the person of the transaction applicant and/or the exerciser of parental power to act on behalf of the minor (in the case of the minor) or legitimate heir of the insured and affirmed the information under identification document. I have compared the image of the customer's face with the image of the customer from the Identification Card or Passport and it has really been that customer. I have also taken photographs of the transaction applicant and Identification Card and submitted them as evidence.

Signed _____ KYC Performer
(_____) Elaborate Handwriting



Sample of Photography along with Identification Card

