

CLAIMANT'S STATEMENT

(To be filled in by person legally entitled to the insurance policy benefit)

Policy No. ....

Sum Assured THB .....

QUESTIONS	ANSWERS												
1. State ( in full ) the name, profession or occupation, age and address of the person claiming the policy moneys together with his/her relationship to the deceased	1.Name ..... Occupation .....Age .....years Address ..... Tel. .... Relationship.....												
2. Nature of Title :	2. ....												
3. (a) State the name, last occupation and last address of the deceased.  (b) Place and date of death, duration of last illness, immediate cause of death and age at death of the policy holder.	3. (a) Name..... Last occupation ..... Last Address ..... (b) Place of Death ..... Date of Death ..... Duration of last illness ..... Immediate cause of death ..... Age at death .....												
4. Had the deceased any other assurance on his/her life? If so, state companies, year& policy number.	4. .... .....												
5. (a) When and for what ailment the deceased first complained during his last illness? (b) Nature of last illness	5. (a) .....  (b) .....												
6. The name of the medical attendants during the last illness.	6. ....												
7. Name and address of Complaint doctors consulted during the last three years, stating against each name the complaint for which she was consulted.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Name and Address</th> <th style="width: 40%; text-align: center;">illness</th> </tr> </thead> <tbody> <tr> <td>(1) .....</td> <td>(1) .....</td> <td>(1) .....</td> </tr> <tr> <td>(2) .....</td> <td>(2) .....</td> <td>(2) .....</td> </tr> <tr> <td>(3) .....</td> <td>(3) .....</td> <td>(3) .....</td> </tr> </tbody> </table>		Name and Address	illness	(1) .....	(1) .....	(1) .....	(2) .....	(2) .....	(2) .....	(3) .....	(3) .....	(3) .....
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(1) .....	(1) .....	(1) .....											
(2) .....	(2) .....	(2) .....											
(3) .....	(3) .....	(3) .....											

I do here by declare that the answers to each and all the above questions are full and true in each and every respect.

Signature ..... Beneficiary

Designation .....

Declared at.....this.....day of.....

Before me:

Signature .....

Signature .....

Designation .....

Designation .....

Address.....

Address .....