SIC LIFE COMPANY LIMITED
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CLAIM APPLICATION FORM

Name of Policyholder / Applicant…….

Policy No: ☐ Mobile NO.: …….

Deduction Source:.....Staff ID/ Payroll No.: .....

Account No.:……Others (state)……..……

ID Type……ID Number……Email:……

Address of Applicant …….

Tick type of CLAIM applied for: **PARTIAL WITHDRAWAL** ☐ **PAID-UP** ☐ **MATURITY** ☐

Claim amount required…… **SURRENDER** ☐ ***Reason for Surrender***……

Modes of payment: **Bank** ☐ **Mobile money** ☐ **Momo Number…….....**

Momo Name……. Network…….

Name of Bank: ..... Branch: .....

Account Name:……

Account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Applicant's Signature / Thump Print……Date……Time:……...

OFFICE USE ONLY

CUSTOMER SERVICE USE: claim eligibility checked: Yes ☐ No ☐

Attended by:……Sign ……Branch…….

POLICY STATUS

Last premium Date…… for the Month of…….20……Name/Sign……....Date……

For anomalies in premium forward to Premium Administration for corrections: Remarks;……..

Cash value …… claim amount…….. Signature……..

APPROVAL

Approved by……Date……..

ACKNOWLEDGMENT BY RECIPIENT

I have receive cash/cheque no…… Date: …… amount:…….

Claimant Name and Signature……Open Cheque……..