



**NICO LIFE INSURANCE COMPANY LIMITED**  
**P O BOX 3044, BLANTYRE**

**CLAIMANT’S STATEMENT**

**CLAIM FORM “A”**

( TO BE FILLED BY THE PERSON LEGALLY ENTITLED TO THE POLICY MONEYS )

In connection with claim under Policy No..... for K.....in the life of  
 MR./ MRS/ MISS/DR. HON.....

(Insert full names of the deceased)

(ALL ANSWERS TO BE FILLED IN LEGIBLY. ANSWERS MUST BE GIVEN IN WORDS.  
 STROKES OF THE PEN OR DOTS OR DASHES CANNOT BE ACCEPTED AS REPLIES).

**1. QUESTION**

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 Life Assured.

**ANSWER**

Name:.....  
 Occupation:..... Age.....  
 Tel. No. .... Cel. No. ....  
 Address:.....  
 Relationship:.....

**2. QUESTION**

What is the nature of title under which you claim the amount, eg. as executor, or administrator or assignee or beneficiary? If you are claiming on behalf of a minor state the exact nature on his/her behalf.

**ANSWER**

.....

**3. QUESTION**

(a) State the name, father’s name, last occupation, last and home addresses of the deceased.

**ANSWER**

a) Full name of the deceased: .....  
 Full name of the deceased father:.....  
 Last occupation of the deceased:.....  
 Last address.....  
 Home address.....

(b) State place and date of death, duration of last illness and the immediate cause of death of the Life Assured.

**ANSWER**

(b) Place of death.....  
 Date of death.....  
 Duration of illness.....  
 Immediate cause of death.....  
 Age at death:.....

**4. QUESTION**

Had the deceased any other assurance on his/her life? If so, state name of issuing office, year of issue and policy number.

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**5. QUESTION**

(a) When did the deceased first complain of not in usual good health?

.....

(b) Nature of illness then complained of?

.....

**6. QUESTION**

State the name of the medical attendants during the last illness.

.....

**7. QUESTION**

Name and address of doctors consulted during the last three years, stating against each name the complaint for which he was consulted.

(1) Name:.....

Address :.....

Nature of Complaint :.....

(2) Name ;.....

Address :.....

Nature of Complaint :.....

(3) Name ;.....

Address :.....

Nature of Complaint :.....

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

Signature :.....Designation.....

Address :.....

Declared at .....this.....day of.....2007 before me

Signature :.....Designation .....

Address:.....

**N.B. THIS STATEMENT MUST BE COUNTERSIGNED BY A MAGISTRATE; A COMMISSIONER OF OATHS; A NOTARY PUBLIC; A HEADMASTER OF A SECONDARY SCHOOL; AN ADVOCATE OR SENIOR CIVIL SERVANT NOT BELOW THE RANK OF EXECUTIVE OFFICER.**