



Claimant's Statement – Death Claim

(Please see instructions overleaf)

The Atrium: 32 Trafalgar Road, P.O. Box 254, Kingston 10, Jamaica W.I.
 Tel: (876) 935-2004, TOLL FREE: 1-888-MY-NEEDS, Fax: (876)929-7301
 E-mail Address: omni@jncb.com, Website: www.jncb.com

1. Policy Number(s)	
2. Name in full of the deceased	
3. Address of the deceased	
4. Date and place of birth of the deceased	
5. Date and place of death of the deceased	
6. Cause of death	
7. Name & address of deceased's personal physician	

	Name of Company	Amount	Date of Issue
What other Insurance does the deceased carry?			

8. Name of Claimant Telephone No.	Address of Claimant
9. In what capacity or by what title do you claim the insurance? (Beneficiary, Executor, Assignee, etc.)	
10. Are you the full age of 18 years or over?	Yes ___ No ___ If no, state date of birth Day _____ Month _____ Year _____
11. Are you entitled to the whole proceeds of this policy?	Yes ___ No ___ If no, state the percentage claimed
12. When did the deceased last complain of or give indication of his last illness?	Day _____ Month _____ Year _____
13. When did the deceased first consult a physician for his last illness?	Day _____ Month _____ Year _____

14. List all physicians who attended the deceased and all hospitals or other institutions while the deceased was treated with regard to his final illness or any other illness or conditions during the five years preceding death.

Name	Address	Date of Attendance or Hospitalization	Disease or Illness

I, the undersigned, Claimant, do solemnly declare that the foregoing answers and statements are full, complete and agree that the furnishing of this form, or any other forms supplemental thereto, by the Company, shall not constitute an admission by it that there was any insurance in force on the deceased or a waiver of any of its rights or defenses.

I hereby authorise any Physician or other persons or any hospital, clinic or other institutions to furnish to NCB Insurance Company Limited any information that may be required concerning the deceased. I agree that a photocopy of this authorization shall be as valid as the original.

Witness (NCB Representative, J.P. or Notary Public)

Claimant's Signature

Date

INSTRUCTIONS

Claimant's Statement

1. If the Policy is Payable to a Named Beneficiary or Beneficiaries

- a) This statement should be completed by the named Beneficiary, unless a minor. If there is more than one Beneficiary, separate forms will be supplied.
- b) If any named Beneficiary is a minor, this statement should be completed on behalf of the minor beneficiary, by the guardian or other person authorized by law to deal with minor's property. A certified copy of the Letters of Guardianship must be submitted.
- c) If any named Beneficiary is deceased, proof of death of such Beneficiary must be furnished.

2. If the Policy is Payable to the Estate of the Deceased

- a) If the Deceased left a Will, this statement should be completed by the Executors under the Will and notarized copy of the Will and Letters Probate must be furnished.
- b) If the Deceased did not leave a Will, this statement should be completed by the Administrator of the estate and a notarized copy of the Letters of Administration must be furnished. In jurisdictions where Letters of Administration are not granted, this form should be completed by the heirs of the Deceased and proof as to who the legal heirs are should be submitted.

3. If the Policy is Assigned/Hypothecated

This statement should be completed by the Assignee as well as the beneficiary.

Other Requirements

4. Documents

In addition to this Claimant's Statement the following documents must also be furnished:

- I. Proof of the death of the Life Insured in the form prescribed by the Company (PHYSICIAN'S STATEMENT PROOF OF DEATH).
- II. If death is reported to be due to accident, a police report of the circumstances surrounding the death.
- III. The Policy contract document must be submitted to the Company. In the event that the Policy contract is lost or stolen, a DECLARATION RE LOST POLICY DOCUMENT must be submitted.
- IV. Proof of the deceased Life Insured's age in the form of a passport or certified copy of a birth certificate.
- V. Where death has occurred within two (2) years of the Policy/Contract Date, an attending Physician's Report from the deceased's personal physician (while alive), clinic or other medical facility is to be submitted.
- VI. Valid beneficiary identification (passport, drivers license, voter's ID)

5. General

- I. Any local requirements regarding Succession Duties, Estate Taxes, or Inheritance Taxes must be completed before the Company may make payment of the claim.
- II. All information and assistance possible in connection with furnishing proofs of claim will be given by the Company or its agents. Any expense incurred in furnishing the proofs of claim must be borne by the Claimant.
- III. If this form is completed outside of the branch, the signature must be witnessed by a Justice of the Peace or Notary Public.