



**STATE LIFE**  
Insurance Corporation of Pakistan

CLAIMS FORM-C  
(Form –IVC)

Certificate of Identity.

Policy No \_\_\_\_\_ Name of the Claimant/s. \_\_\_\_\_

**Instructions for completion of this form:**

- ◆ This form is to be completed by a person who knows the deceased life insured but is not related to him / her and has no interest in the policy moneys.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and over-writing.

I \_\_\_\_\_ do hereby declare that I Know Mr./Mrs./Ms/ \_\_\_\_\_ son/daughter/ wife of \_\_\_\_\_ Residing at \_\_\_\_\_ prior to his / her death for the last \_\_\_\_\_ years and \_\_\_\_\_ months and that he / she died aged about \_\_\_\_\_ years at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_) after suffering \_\_\_\_\_ for \_\_\_\_\_ years and \_\_\_\_\_ months. His / her personal appearance was as follows: \_\_\_\_\_

I am satisfied that he / she is the same person who was described in the policy issued by the State Life Insurance Corporation of Pakistan in the year \_\_\_\_\_ and on whose death the above named claimant is now making a claim with State Life.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ )

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell / Phone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Fax No. \_\_\_\_\_  
CNIC No: \_\_\_\_\_

**Attestation:**

The statement below must be signed by a Gazetted Officer, Nazim, NaibNamim, Chief Executive Officer of Municipality. Justice of Peace, Magistrate, Collector or Judge of the Place or district where the death took place or an officer of State Life not below the rank of AM.

I certify that the claimant has signed it before me and I have verified his/her CNIC.

Signature with seal: \_\_\_\_\_ date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_ CNIC No. \_\_\_\_\_