



# STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

PHONE: 042-99200353 & 365  
FAX: 042-99200302  
STATE LIFE INSURANCE,  
GROUP & PENSIONS,  
State Life Building,  
15-A, Sir Agha Khan Road,  
Davis Road, LAHORE.

## DEATH CLAIM INFORMATION FORM

**REF: POLICY NO. 946105454 GROUP INSURANCE SCHEME  
FOR THE EMPLOYEES OF GOVT. OF THE PUNJAB.**

With reference to the above noted Policy, I have to report that Mr./Mrs./Miss \_\_\_\_\_  
(Name of Deceased)  
S/o, D/o, W/o \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ Years  
and CNIC No. \_\_\_\_\_ who was working in this office as \_\_\_\_\_  
(Designation)  
has died on \_\_\_\_\_ and Pension Payment Order (PPO) No. \_\_\_\_\_ duly verified by  
(Date of Death)  
District Accounts Officer

It is, therefore, requested that the payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
only), the amount for which the deceased was covered may be made in favour of the family members of the  
deceased Government servant.

It is hereby certified that:-

- (1) the premium of the deceased employee has been deducted as per Last Computerized Salary Slip attached.
- (2) his / her last Basic Pay Scale (BPS) Number is \_\_\_\_\_ and Employee's Personal Number is \_\_\_\_\_.
- (3) that the deceased died during service, In case of retirement exact date of retirement is \_\_\_\_\_.
- (4) it is certified that this claim has not been lodged by us earlier nor paid by State Life.
- (5) that the deceased was permanent employee of Govt. of Punjab and was not a deputationist from Federal Govt. or any other Provincial Govt.

INFORMATION ABOUT THE NOMINEE/ CLAIMANT/ FAMILY OF THE DECEASED AS PER FRC ATTACHED.						
	Name:	Relationship	Age	Dependent Yes or No	CNIC #.	Bank A/c No.
1						
2						
3						
4						
5						

**Address and Contact No. (if any) of  
Nominee / Claimant / Family of the deceased.**

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Name of Banker \_\_\_\_\_  
Address of Bank \_\_\_\_\_  
and Branch Code No. \_\_\_\_\_.

**Signature and Stamp of Bank Manager**  
{Only Bank A/c(s). Verification}

It is also certified that the information contained above is correct according to our record except Bank A/c(s).  
which is to be verified by the Bank.

**Counter Signed By**  
District Incharge/ Head of Department  
(Signed & Sealed)  
Telephone No. \_\_\_\_\_

**Head of Department**  
(Signed & Sealed)  
Telephone No. \_\_\_\_\_

**Note:** Please complete the Form carefully and attach required documents according to the guidelines overleaf.