



PRUDENTIAL

DEATH CLAIM INTIMATION FORM

DETAILS	TO BE COMPLETED BY THE CLAIMANT/AGENT
Policy Number	
Claim Number	
Name of Life Assured	
Name of Claimant	
Address of Claimant	
Contact Numbers	Residence:
	Office:
	Mobile:
Relationship of the Life Assured	
Death and Time of Death	
Cause of Death	Medical Reasons/ Natural Accident
If medical, please specify the ailment that caused death (If known)	
Name & Address of the last Attending Physician to whom the Life Assured was referred	

I hereby declare and confirm that I am the rightful claimant of this plan and that the details provided above are correct and true to the best of my knowledge. I have not withheld any relevant information and believe that the deceased is the same person as the life assured under the plan issued by Prudential Assurance Uganda Ltd.

Date: _____

Signature of Claimant: _____