

Claim Form



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Claim form

Policyholder Information:

Please provide accurate registration information for your policy; failure to do so will result in claim denial. If you have updated information, please provide the most recent version.

Surname:	<input type="text"/>	Name:	<input type="text"/>
Policy Number:	<input type="text"/>	Phone Number:	<input type="text"/>
ID / Passport No:	<input type="text"/>	Date of Birth:	<input type="text"/>
Resident Address:	<input type="text"/>		
Email Address:	<input type="text"/>	Date of Registration:	<input type="text"/>

Claimant Details:

Please provide me with the details of a person who is making a claim.

Surname:	<input type="text"/>	Name:	<input type="text"/>
ID / Passport No:	<input type="text"/>	Date of Birth:	<input type="text"/>
Resident Address:	<input type="text"/>		
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>





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Statement of Claim:

Please provide a brief statement explaining the reason for your claim and why you believe you are entitled to the requested reimbursement. Include any relevant details such as the events leading to the loss or incident, the impact it has had on you financially, and how the claimed amount will help alleviate the situation.

Statement:

This section allows the claimant to provide context and justification for their claim, which can assist the insurance company in processing the claim effectively. It's important to remind the claimant to provide truthful and accurate information in this statement.

For security reasons and in accordance with our policies, we kindly request that you fill out the package you have been paying for all along.

"If you have once changed the package" can you please provide details of the previous package you had and the date when the change was made? Also, please provide details of your current package.

Previous package

Date when the change was made?

Current package





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Bank Account Information:

Bank Name:

Account Holder Name:

Account holder:

Account Number:

Branch code:

Routing Number (if applicable):

Swift Code (if international):

Your claim will be thoroughly reviewed, and we aim to complete this process within three business days. During this time, our team will assess all relevant information and documentation to ensure a fair and accurate evaluation of your claim.

Once the review is complete, you will receive an email notification informing you of the status of your claim. If your claim is approved, the email will include details regarding the reimbursement process. If additional information is required or if your claim cannot be approved, we will provide clear guidance on the next steps.

Additional Documentation:

Attach copies of relevant documents with this form:

- Please provide a copy of the **policyholder's** original residential address.
- Please provide the original residential address of the Claimant if it differs from the policyholder.
- ID / Passport copies
- Please provide a copy of your original bank statement to process the claim and receive the money.





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Claimant's Statement:

I hereby declare that all the information provided above is true and accurate to the best of my knowledge. I understand that any false statements may result in denial of the claim.

Signature _____

Date:

Additional information

We do not allow anyone who is not a beneficiary to claim someone else's policy. Additionally, beneficiaries cannot claim the policy if the policyholder is still alive.

This detailed section allows the insurance company to verify the identity of the claimant and process the claim efficiently. As always, ensure compliance with applicable regulations and legal requirements.

