



**CLICO International Life Insurance Limited**

P. O. Box 705, St. George’s, Grenada W. I.  
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**UNDER JUDICIAL MANAGEMENT**

**CLAIMANT STATEMENT**

**PROOF OF DEATH FORM**

**SECTION 1 – DECEASED’S DETAILS**

Full Name of Deceased: \_\_\_\_\_  
Residential Address at Time of Death: \_\_\_\_\_  
Age at Death: \_\_\_\_\_ Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Place of Death: \_\_\_\_\_

**SECTION 2 – POLICY DETAILS**

Policy ID	Policy Type

**SECTION 3 – CLAIMANT’S DETAILS**

Claimant’s Name	Residential Address	DOB (M/D/Y)	Phone #	Email Address	Relationship

In what capacity are you making this claim?  
☐ Beneficiary   ☐ Executor/Executrix   ☐ Administrator of Estate   ☐ Trustee   ☐ Assignee  
☐ Other (please specify): \_\_\_\_\_

Are there any other known claimants to this/these policy(ies)?

☐ Yes      ☐ No

If "Yes", provide details below:

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

Relationship to the Deceased: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

SECTION 4 – SUPPORTING DOCUMENTS SUBMITTED

Please tick all documents being submitted with this claim.  
*Note: Certain documents may be required depending on your claimant type (e.g., Executor, Administrator, Beneficiary).*

Certified Documents Submitted

☐ Death Certificate      ☐ Deceased Birth Certificate      ☐ Deceased Nisi Decree

☐ Marriage Certificate      ☐ Claimant’s Birth Certificate      ☐ Claimant’s ID

☐ Probated Will      ☐ Letters of Administration      ☐ Affidavit

☐ Other (please specify): \_\_\_\_\_

Details of Other Documents Provided:

DECLARATION

*I hereby make a claim for the proceeds of the above-mentioned policy(ies) and affirm that the statements provided, along with the submitted documentation, shall serve as proof of death. I further acknowledge that the provision of this form and any related documents by the company does not constitute an admission of liability or acknowledgment of any insurance coverage in force at the time of death. The company reserves all rights and defences under the policy(ies).*

Signed at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Claimant’s Name: _____	Signature: _____
Claimant’s Name: _____	Signature: _____
Claimant’s Name: _____	Signature: _____
Claimant’s Name: _____	Signature: _____

Witness:

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

Signature: \_\_\_\_\_

PRIVACY NOTICE

The personal information collected on this form will be used solely for the purpose of evaluating and processing this claim, in accordance with applicable data protection laws.