



DEATH INSURANCE CLAIM FORM

THIS FORM IS TO BE COMPLETED IN TRIPLICATE
Original for Insurance Management Unit, Duplicate for Branch, Triplicate for Mortgagor

SECTION A: TO BE COMPLETED BY THE CLAIMANT

Name of Mortgagor

First

Middle

Last

Name of Mortgagor

First

Middle

Name of Mortgagor

First

Middle

Last

Name of Deceased

First

Middle

Last

Property Address:

Date of Birth:

Day

Month

Year

Date of Death:

Day

Month

Year

Name of Claimant

First

Middle

Last

Mailing Address of
Claimant:

Telephone # (Home)

Cellular # :

Business address of
Claimant

Business Tel. #

Email Address :

Name of another contact

FIRST

LAST

Telephone # (Home)

Cellular # :

Signature of Claimant

Date:

FOR NHT USE ONLY

SECTION B: TO BE COMPLETED BY BRANCH / SERVICE CENTRE

CUSTOMER SERVICE DEPARTMENT

Loan Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Benefit Type _____

Balance to date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Remark _____

Received by : _____ Signature: _____ Date: _____

LOAN MANAGEMENT DEPARTMENT

Balance Outstanding Excluding
Non accrual interest

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Balance Outstanding Excluding
Non accrual interest

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount due from Insurance
Company

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Remarks _____

Accounting Officer: _____ Signature: _____ Date: _____

SECTION C: TO BE COMPLETED BY INSURANCE MANAGEMENT UNIT

Remarks _____

Received by : _____ Signature: _____ Date: _____

Date Submitted to Insurance Company

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount received:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date: _____

Signed by _____

Date: _____