

# SMALL FARMERS WELFARE FUND

## LIFE INSURANCE SCHEME (LIS)

### CLAIM FORM

#### **PART 1: (To be completed by the beneficiary/Member)**

1.0 Name of deceased Member: \_\_\_\_\_

2.0 Address of deceased Member: \_\_\_\_\_

3.0 Tel No.:

3.1 Mobile No.: 5

4.0 Membership No.:

4.1 Date registered: \_\_\_\_/\_\_\_\_/\_\_\_\_

5.0 Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

5.1 Age of death: \_\_\_\_\_ years

6.0 Place of death: \_\_\_\_\_

7.0 Name of Beneficiary: \_\_\_\_\_

8.0 Address of Beneficiary: \_\_\_\_\_

9.0 Relationship with deceased Member: \_\_\_\_\_

I hereby declare that all the information given above is true and correct.

\_\_\_\_\_  
(Signature of Beneficiary/Member)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **PART 2: (To be completed by the SFWF's Officer)**

10.0 \_\_\_\_\_  
(Registration Officer)

10.1 \_\_\_\_\_  
(Signature of Registration Officer)

10.2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We certify that the information given above is correct. Beneficiary named above is registered under the Death Grant Scheme.

11.0 \_\_\_\_\_  
(Name of SFWF Officer)

11.1 \_\_\_\_\_  
(Signature of SFWF Officer)

11.2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11.3 Remark: \_\_\_\_\_

12.0 Certify by: \_\_\_\_\_  
(Name of Supervising Officer)

12.1 \_\_\_\_\_  
(Signature of Supervising Officer)

12.2 Remark: \_\_\_\_\_

12.3 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **13.0 Approval for payment:**

13.1 Approved:

13.2 Not Approved:

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

13.4 Remark: \_\_\_\_\_

13.4 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_