TRINRE INSURANCE

Auto | Business | Home | Group Life

STATEMENT OF CREDITOR'S CLAIM (DEATH)

To be completed by Policyholder

Policy Holder _____

Group Policy No. _____

Name of Deceased _____

Street Address _____

State/Province/Region _____ City _____

Country _____ Postal Code _____

Date of Birth ____/____/____ (DD MM YY) Date of Death ____/____/____ (DD MM YY)

Date Loan was Disbursed ____/____/____ (DD MM YY) Loan Amount $ _____

Duration of Loan _____ Years Date First Payment was Due ____/____/____ (DD MM YY)

Monthly Loan Installments $ _____ Number of Monthly Payments Made _____

Total Amount of Loan Repaid prior to Death $ _____

Number of Monthly Payments in Arrears _____ Date from which Loan is in Arrears ____/____/____ (DD MM YY)

Loan Balance Outstanding at Date of Death $ _____

Was this Loan Refinanced? ☐ Yes ☐ No Original Date Disbursed ____/____/____ (DD MM YY)

Loan Amount $ _____

_____ _____

Authorized Signature Creditor's Stamp

Date ____/____/____ (DD MM YY)

Attach certified copies of the deceased's birth and death certificates and other supporting documents.