



SUPPORTING DOCUMENTS FOR THIS CLAIM (PLEASE ATTACH THE FOLLOWING DOCUMENTS)

- Visible, certified copy of death Certificate
- Visible, certified copy of claimant's proof of identity
- Complete and signed KYC form
- Proof of account (Bank statement or bank confirmation letter)
- Police report or medical report for unnatural cause of death
- Marriage certificate or decree of divorce for divorcees

MEMBER / NEXT OF KIN DETAILS

Surname

First Name(s)

ID No Date of Birth

Policy No Date Joined

DECEASED DETAILS

Surname

First Name(s)

ID No Date of Birth

Date Joined Relationship to Member

Cause of Death

CLAIMANT DETAILS

Full Names

Contact Number

Bank Account Name Account No

Branch Name Branch Code

DECLARATION

I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge. I understand that the processing of this claim is subject to the submission of all required and relevant documentation. I further acknowledge that any false, incomplete, or misleading information may result in the rejection of the claim and/or possible legal action. I consent to the insurer verifying the information with third parties, including medical practitioners, employers, or government institutions, as may be necessary for the assessment of this claim.

Signature _____

Date: ____ / ____ / ____

STAMP