

Funeral Claim Form

KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

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

- Certified copy of death certificate
- Certified copy of Policyholder's proof of identity
- Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- Certified copy of deceased's proof of identity (If the deceased is a Dependent)
- Proof of bank details for beneficiary
- Proof of relationship to policyholder for the deceased (If the deceased is a Dependent)

Liberty Life reserves the right to call for additional documents where necessary in order to validate the claim

Policy number

POLICYHOLDER'S DETAILS

Surname

First name Gender M F

Identity number Date of birth DD - MM - YYYY

Telephone number Mobile number

E-mail address

Postal address

Postal code

DECEASED DETAILS

Is the deceased Policyholder Spouse Child Parent Extended family

Surname

First name Gender M F

Identity number Date of birth DD - MM - YYYY

SECTION 3 - CLAIMANT'S DETAILS (Must always be policyholder, except where the policyholder is the deceased)

Surname

First name Gender M F

Identity number Date of birth DD - MM - YYYY

Telephone number Mobile number

E-mail address

Postal address

Postal code

Relationship to policyholder

CLAIM DETAILS

Date of death - - Cause of death Natural Unnatural

Provide details on the cause of death

If death is due to an accident, was the accident reported to the police? Yes No

Name of police station

Case number

CLAIM PAYMENT DETAILS

CLAIM PAYMENT METHOD

EFT Cheque

BANK DETAILS FOR EFT PAYMENTS

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details on the Bank's letterhead.)

Name of account holder

Name of bank

Account number

Branch name Branch code

Account type

CLAIMANT'S DECLARATION

I, in my capacity as claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge both true and correct. I further confirm that i have not withheld, concealed or misstated any information. I further understand that any misstatement or non-disclosure of information, which materially affects the assessment of this claim, will entitle liberty life to declare this claim null and void.

Claimant's name and surname

Claimant's signature Date - -