Funeral Claim Form

LIBERTY
In it with you

INSURE INVEST HEALTH

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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 or claimant
- ☐ Proof of relationship to policyholder for the deceased (If the deceased is a Dependent)
- ☐ Police report for accidental death

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

Policy number

POLICYHOLDER DETAILS

Surname | Title
First names | Gender M F
ID /Passport number | Date of Birth D D - M M - Y Y Y Y
Income Tax Number
Telephone number | Mobile Number
Email address
Postal address
Post code
Residential address
Post code
Occupation
Occupation Industry

LIFE ASSURED DETAILS

Is the deceased ☐ Policy holder ☐ Spouse ☐ Child ☐ Parent ☐ Extended family
Surname | Title
First names | Gender M F
ID /Passport number | Date of Birth D D - M M - Y Y Y Y

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

Surname | Title

First names | Gender M F

ID /Passport number | Date of Birth D D - M M - Y Y Y Y

Income Tax Number

Telephone number | Mobile Number

Email address

Postal address

Post code

Residential address

Post code

Relationship to policyholder

CLAIM DETAILS

Date of Birth D D - M M - Y Y Y Y | 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

☐ EFT

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

CLAIM PAYMENT DETAILS

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 D D - M M - Y Y Y Y