# GROUP SCHEME CLAIM FORM

## CLAIM DETAILS

Employer name: | Scheme name:

Policy number: | Claim Number: (Office use only)

## EMPLOYEE / MAIN MEMBER DETAILS

Full Name: | Surname:

ID No: | Date of Birth: D D M M Y Y Y Y

Cover: | Entry Date D D M M Y Y Y Y

## DETAILS OF DECEASED

Full Name: | Surname:

ID No: | Date of Birth:

Date of death: | Cause of death:

Relationship to Employee / Main Member: | Claim Amount:

## DOCUMENTATION RECEIVED

- ☐ Certified copy of BI-5 Death Certificate
- ☐ Certified copy of BI-20 Death Certificate accompanied by a letter from Home Affairs (if applicable)
- ☐ Certified copy of Deceased's ID
- ☐ Copy of BI-1663 or Doctor's Hospital form
- ☐ Certified Copy of claimant/beneficiary's ID
- ☐ Date stamped bank confirmation letter no older than 3 months
- ☐ Certified Copy of 3rd party's ID (if applicable)
- ☐ Completed 3rd party claim form (if applicable)
- ☐ Police Report (if cause of death is unnatural)

## DETAILS OF CLAIMANT

Full Name: | Surname:

Relationship to Deceased: | Tel:

Name of Account Holder: | Name of Bank:

Account Number: | Branch Code:

I the undersigned, certify that the above information is true and correct, that I am the only Claimant and that any claims against this policy will not be legal. I understand that the claim will only be processed once all the requirements have been met and Lion of Africa is in possession of all the relevant documentation.

Name:

Date:

SIGNATURE