

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:		Tel:	
Cover:		Entry Date	D D M M Y Y Y Y

DETAILS OF DECEASED

Full Name:		Surname:	
ID No:		Date of death:	
Cause of death:		Claim Amount:	
Relationship to Employee / Main Member:			

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 3 rd party's ID (if applicable)	☐ Completed 3 rd party claim form (if applicable)
☐ Police Report (if cause of death is unnatural)	

DETAILS OF CLAIMANT

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.

Full Name:		Surname:	
Relationship to Deceased:		Tel:	
Name of Account Holder:		Name of Bank:	
Account Number:		Branch Code:	

DETAILS OF 3rd Party Payment (if applicable)

I hereby give my consent that the benefit(s) on the above policy/policies may be deposited into my _____
(relationship) account below:

Full Name:		Surname:	
Relationship to Deceased:		Tel:	
Name of Account Holder:		Name of Bank:	
Account Number:		Branch Code:	

I indemnify Lion of Africa Life Assurance Company Limited against any claim that may arise as a consequence of the payment of the proceeds of the above policy/policies to the above account

Name:	
Date:	

SIGNATURE

