GROUP SCHEME CLAIM FORM

HOUSE OF ADMINISTRATION

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

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