

## **GROUP LIFE CLAIM FORM**

## Important information – please read carefully

To help us to process your claim in a timely manner, please follow the guidelines below:

- Ensure that all the sections of this claim form are fully completed.
- The following documents must be submitted upon submission of the claim from:
  - Original death certificate
  - Letter of surrender of national identity card
  - Doctor's case summary report
  - Proof of identity of beneficiary of estate of deceased
  - Last Pay slip before death
  - Police Abstract in case of Accidental Death

The undersigned hereby undertakes to present the death certificate; if for any reason it is not ready at the time of this claim, please ensure we receive it within one month from the date of this form.

- Please note that this claim form must be completed in English.
- The 'Golden Rule' to follow in the event of an occurrence which may give rise to a claim is:
   NOTIFY US IMMEDIATELY AND ACT AS IF YOU ARE UNINSURED AND ON THIS
   BASIS MINIMISE THE LOSS DO NOT ADMIT LIABILITY

Full name of member
Member number
Company name
Occupation at time of death
Date membership Commenced
Date membership stopped

Name and designation of the authorized officer
Death Claim
Cause of Death
Date of Death
Place of Death
Date of notification
Permanent Total Disability
Cause of Disability
Date of Disability
Which part of the body is affected
Has the employee been under the care of a Doctor
Please give the name of the Doctor or Hospital where treatment was offered
How long has the employee been out of work
Was he/she on full or half pay
When, was the member declared Permanent and Totally Disabled
Declaration:
I hereby declare that the claim being lodged is not a pre existing claim or is related any other form of disability to which I have suffered before I became a member of this scheme.
Witnessed by EmployerDate
We understand that any form of concealment will lead to outright dismissal of claim.