

CLAIM DETAILS

Product Details: _____

Policy Number: _____

Claim Number: _____ *OFFICE USE ONLY*

POLICY HOLDER DETAILS

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

Name: _____

Surname: _____

ID No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of Death:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Cause of Death: _____

Relationship to Policy Holder: _____

Claim Amount: _____

DETAILS OF CLAIMANT / BENEFICIARY

Name: _____

Surname: _____

ID No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship: _____

Tel: _____

Address: _____

Code: _____

CLAIM PAYMENT DETAILS *(To Be Signed By the Claimant / Beneficiary ONLY)*

I hereby authorise Lion of Africa Life Assurance Co Ltd. to pay the benefit to the following bank account:

Name of Account Holder: _____

Name of Bank: _____

Account Number: _____

Branch Code: _____

SIGNATURE

DECLARATION BY CLAIMANT *(To Be Signed By the Claimant / Beneficiary ONLY)*

I the undersigned, certify that the above information is true and correct. I am the only Claimant and payment of this claim shall be a good and sufficient discharge of Lion of Africa Life Assurance Co Ltd. As the claimant I confirm that the bank details which I have submitted and noted above is where I want the full and final claim discharge to be paid. I understand that the claim will only be processed once all the requirements have been met and Lion of Africa Life Assurance Co Ltd. is in possession of all the required documentation.

Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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SIGNATURE