DEATH CLAIM FORM

Policy Number	

Insured Group

Insured Person			
Cell		Tel Number	
Age		Address	
Date of Death		Place	
Cause of death and any factors connected herewith			

The following information is required:

- Certified copies of the abridged and final death certificate
- Certified copy of the post- modern report
- Certified copy of the inquest report, including all witness statements pertaining thereto
- The Police accident report if the death was due to a motor vehicle accident
- The Police station reference number if the death is due to a criminal investigation

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated ..... / ..... / 20 ..... .

Signed at ..... on this ..... day of .....

Name: ..... Witnessed by: .....

Capacity: ..... Signature: .....