FUNERAL CLAIM FORM



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Kindly answer all questions in full and attach supporting documentation as listed below.

SUPPORTING DOCUMENTS FO	R TI	HIS	CLA	MI	(PL	EAS	SE A	TTA	СH	TH	E FC	OLLC	WI	NG	DO	CUI	MEI	NTS)								
Certified copy of death certificate																		1									
Certified copy of Policyholder's pro	of o	ıf ide	ntity	,																							
Certified copy of claimant's proof of					doce	200	ad ic	the	Poli	cyh	ماطم	r)															
Certified copy of deceased's proof										-		')															
		Jeni	ity (i	ıııe	ue	Jeas	eu i	Sai	Debe	zna	ent)																
Proof of bank details for beneficiar											_																
Proof of relationship to policyholde	er for	tne	dec	eas	ed (If th	ie de	ecea	sed	is a	De	pend	ent))													
Liberty life reserves the right to c	all f	or a	ddi	tion	al d	оси	men	its v	vher	e n	eces	ssar	y in	ord	er to	o va	lida	te th	e cla	aim							
Policy number																											
POLICYHOLDER'S DETAILS																											
Surname																											
First name																											
Identity number																											
Date of birth	Υ	Υ	Υ	Υ	M	M	D	D					(Gen	der	М		F					I		I		
Telephone number												Mob	ile r	numl	ber												
Email address																											
Postal address																											
																					F	osta	al co	ode			
DECEASED DETAILS																											
Is the deceased	Ро	licyl	nold	er			Spc	ouse	ا ا			Ch	ild				Pai	ent			Ex	tenc	ded	Fam	nily		
Surname																											\neg
First name																											=
Identity number																											
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Date of birth	T	Υ	Υ	Ţ	M	M	D	D]				(Gen	Jei	М		Г									

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Surname																													
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Date of birth	Υ	Υ	Υ	Υ	M	M	D	D					(Geno	ler	М		F											
Telephone number												Mot	ile r	numb	er														
Email address																													
Postal address																													
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Relationship to policyholder																													
CLAIM DETAILS																													
																		1											
Date of death				7						Υ	Υ	Υ	Υ	M	M	D	D												
	latur	ral		Ur	nnat	ural						1		1					1										
Provide details on the cause of dear	h	1			1		I																						
If death is due to an accident, was the accident reported to the police?																													
Name of police station																		Ca	ıse r	num	ber								
CLAIM PAYMENT DETAILS																													
CLAIM PAYMENT METHOD																											_		
ECT		1																											
EFT																													
EFT CHEQUE																													
CHEQUE	pank	sta	teme	ent -	- mu	ıst n	ot be	e old	der t	han	3 m	onth	ıs, o	r cor	nfirm	natio	n of	acc	oun	t de	tails	on t	the E	3an l	c's le	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS	pank	sta	teme	ent -	- mu	ıst n	ot be	e old	der t	han	3 m	onth	ıs, o	r cor	nfirm	natio	n of	acc	oun	t de	tails	on t	the E	3anl	k's lo	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest b	pank	stat	teme	ent -	- mı	ust n	ot be	e old	der t	han	3 m	onth	os, o	r cor	nfirm	natio	n of	acc	oun	t de	tails	on t	the E	3ank	x's le	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by Name of account holder	pank	stat	teme	ent -	- mu	ust n	ot be	e old	der t	han	3 m	onth	us, o	r cor	nfirm	natio	n of	· acc	oun	t de	tails	on 1	the E	3ank	x's le	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by Name of account holder Account number	pank	stat	teme	ent -	- mı	ast n	ot bo	e old	der t	han	3 m	onth	s, o	r cor	nfirm	aatio	n of	acc	oun	t de	tails	on t	the E	3ank	k's le	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by the late	pank	star	teme	ent -	- mu	ust n	ot bo	e old	der t	han	3 m	onth	ss, o	r cor	nfirm	aatio	n of	acc	oun	t de	tails	on t	the E	3ank	x's la	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by the late	pank	stat	teme	ent -	- mu	ast n	ot be	e old	der t	han	3 m	onth	ss, o	r con	nfirm	natio	n of	acc	oun	t de	tails	on t	the E	3ank	x's la	ette	irhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by Name of account holder Account number Name of bank Branch code Branch Account type	pank	star	teme	ent -	- mu	ast n	ot be	e old	der t	han	3 m	onth	ss, 0	r con	nfirm	natio	n of	i acc	oun	t de	tails	on t	the E	3ank	x's le	ette	rhea	d.)	
CHEQUE BANK DETAILS FOR EFT PAYMENTS (Please attach a copy of the latest by the late																													
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