

Funeral Claim Form

KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

SUPPORTING DOCUMENTS FOR THIS CLAIM (PLEASE ATTACH THE FOLLOWING DOCUMENTS)

- Certified copy of death certificate
- Certified copy of Policyholder's proof of identity
- Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- Certified copy of deceased's proof of identity (If the deceased is a Dependent)
- Proof of bank details for beneficiary
- Proof of relationship to policyholder for the deceased (If the deceased is a Dependent)

Liberty Life reserves the right to call for additional documents where necessary in order to validate the claim

Policy number

POLICYHOLDER'S DETAILS

Surname

First name Gender M F

Identity number Date of birth D D - M M - Y Y Y Y

Telephone number Mobile number

E-mail address

Postal address

Postal code

DECEASED DETAILS

Is the deceased Policyholder Spouse Child Parent Extended family

Surname

First name Gender M F

Identity number Date of birth D D - M M - Y Y Y Y

CLAIMANT'S DETAILS (Must always be policyholder, except where the policyholder is the deceased)

Surname

First name Gender M F

Identity number Date of birth D D - M M - Y Y Y Y

Telephone number Mobile number

E-mail address

Postal address

Postal code

Relationship to policyholder

