

# Death 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)
- Proof of bank details for beneficiary

*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  DD -  MM -  YYYY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

**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  DD -  MM -  YYYY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

Relationship to policyholder

**CLAIM DETAILS**

Date of death  DD -  MM -  YYYY Cause of death  Natural  Unnatural

Provide details on the cause of death

If death is due to an accident, was the accident reported to the police?  Yes  No

Name of police station

Case number

# CLAIM PAYMENT DETAILS

## CLAIM PAYMENT METHOD

EFT                       Mobile Money                       Cheque

## BANK DETAILS FOR EFT PAYMENTS

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details on the Bank's letterhead.)

Name of account holder																														
Name of bank																														
Account number																														
Branch name																					Branch code									
Account type																														

## MOBILE MONEY PAYMENT DETAILS

Name of account holder																														
Mobile Money service provider																														
Mobile Money account number																														

# CLAIMANT'S DECLARATION

I, in my capacity as claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge both true and correct. I further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non-disclosure of information, which materially affects the assessment of this claim, will entitle liberty life to declare this claim null and void.

Claimant's name and surname																														
Claimant's signature																Date	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>				