

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 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																														

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"/>