

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 and Medical statement for cause of death.
- 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.

*Namforce Life Insurance reserves the right to call for additional documents where necessary in order to validate the claim.*

### POLICYHOLDER'S DETAILS

Policy Number

Title  Mr.  Mrs.  Miss.  Ms.  Rev.  Dr.  Prof.  Adv.

First Names and Surname

Gender  Male  Female

Date of Birth  (DD/MM/YYYY) ID Number

Postal Address

Email Address

Tel (Home)  Tel (Office)  Cellphone Number

### CLAIMANT'S DETAILS (MUST ALWAYS BE POLICYHOLDER, EXCEPT WHERE THE POLICYHOLDER IS THE DECEASED)

First Names and Surname

Gender  Male  Female

Date of Birth  (DD/MM/YYYY) ID Number

Postal Address

Email Address

Tel (Home)  Tel (Office)  Cellphone Number

Relationship to policyholder

## CLAIM DETAILS

Deceased Names and Surname

Date of Death  Cause of Death Natural  Unnatural   
(DD/MM/YYYY)

Details on 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

## PAYMENT DETAILS

Account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Type of Account  Current  Savings  Other

I, the undersigned, hereby declare that if the above information is not correct, Namforce cannot be held liable for any loss that may arise from the use of this information.

Signature of account representative \_\_\_\_\_

Date \_\_\_\_\_

DD/MM/YYYY