

**DEATH CLAIM FORM**

Policy Number	
---------------	--

Insured Group

Insured person			
Cell		Tel Number	
Age		Address	
Date of Death		Place	
Cause of death and any factors connected herewith			

The Following information is required

- Certified copies of the abridged and final death certificate
- Certified copy of the post-mortem report
- Certified copy of the inquest report, including all witness statements pertaining thereto
- The Police accident report if the death was due to a motor vehicle accident
- The Police station reference number if the death is due to a criminal investigation

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_ .

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Capacity: \_\_\_\_\_ Signature: \_\_\_\_\_