

FUNERAL EXPENSE CLAIM FORM

1. Details of Policyholder

First Name..... Surname

Date of Birth/...../..... NRC or Passport Number.....

Employee Number..... Email Address.....

Cell Number..... Policy Number

2. Details of the Deceased

Full Name

Relationship to policy holder Date of Birth/...../.....

Date of Death/...../..... Place of death

District Hospital

3. Documents required

1. Death certificate/burial permit/BID certificate/post mortem report in case of RTA
2. Copy of NRC for the deceased
3. Letter confirming death from third party
4. Fully signed letter from policy holder
5. Copy of NRC of policy holder
6. Original Policy documents

The company reserves the right to call for any document which it may deem fit in dealing with this claim

4. Declaration

I, declare that the foregoing particulars are true in every respect.

Please provide signature for any alteration.

.....
signature

.....
date