

# Funeral 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)
- Certified copy of deceased's proof of identity (If the deceased is a Dependent)
- Proof of bank details for beneficiary
- Proof of relationship to policyholder for the deceased ( If the deceased is a Dependent)

*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 -  YY  YY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

**DECEASED DETAILS**

Is the deceased  Policyholder  Spouse  Child  Parent  Extended family

Surname

First name  Gender  M  F

Identity number  Date of birth  DD -  MM -  YY  YY

**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 -  YY  YY

Telephone number  Mobile number

E-mail address

Postal address

Postal code

Relationship to policyholder

