Credit Life Protection Plan Claim Form

LIBERTY
In it with you

INSURE INVEST ADVISE

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Home Loan Protection Plan ☐ Personal Loan Protection Plan ☐ Vehicle Loan Protection Plan ☐

POLICYHOLDER DETAILS *(Life Assured)*

Surname | Title
First names | Gender M F
ID /Passport number | Date of Birth D D - M M - Y Y Y Y
Telephone number | Mobile Number
Email address
Postal address
Post code
Residential address
Post code

CLAIMANT'S DETAILS *(Complete if not Policyholder)*

Surname | Title
First names | Gender M F
ID /Passport number | Date of Birth D D - M M - Y Y Y Y
Income Tax Number
Telephone number | Mobile Number
Email address
Postal address
Post code
Residential address
Post code
Relationship to policyholder

CLAIM DETAILS

Claim Type: Death ☐ Temporary disability ☐ Permanent disability ☐

Is the deceased / disabled? ☐ Principal Life Assured ☐ Second Life Assured

Surname

First names Gender M ☐ F ☐

ID /Passport number Date of Birth D D - M M - Y Y Y Y

Date of death / disability D D - M M - Y Y Y Y

DOCUMENTATION

☐ Copy of Home Loan application ☐ Deceased ID ☐ Death Certificate ☐ Medical attendants Form (disability) ☐ Statement of Home Loan account

☐ Police Report ☐ Claimant ID ☐ Employers Form (disability) ☐ Proof of relationship

☐ Other

If other, please specify below:

LOAN DETAILS

Claim amount

Outstanding balance at date of event

Balance less arrears

Monthly instalments

Arrears

Months in arrears

DECLARATION

I hereby declare that the above statements are to the best of my knowledge true and complete.

Claimant's name and surname

Claimant's signature

Date D D - M M - Y Y Y Y