Funeral Claim Form.

LIBERTY
In it with you

Liberty Life Namibia Limited – Reg.No. 2003/639
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Requirements

Please take careful note of the required documentation when claiming:

- Copy of the Premium Schedule
- Certified copy of the death certificate or notification of death from Chiefman
- Certified Acceptable proof of Identity for all claimants and of main member
- Copy of Police report, if applicable.
- If the claim is for spouse, child or extended family member, sufficient proof of relationship to the main member
- All payment to be made into a bank account. Proof of the claimant's bank details

Liberty Life reserves the right to call for additional requirements where deemed necessary

Policyholder (Life Assured)

First name

Surname

Approved form of identity | Date of birth

Policy number

Contact details – Telephone no - | Cell no - -

E-mail

Address

Postal code

Claimant (complete if different from Life Assured)

First name

Surname

Approved form of identity number | Date of birth

Relationship to policyholder

Contact details – Telephone no - | Cell no - -

E-mail

Address

Postal code

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect.
Do not sign blank or incomplete forms.

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Funeral benefit claim (details of deceased)

Is the deceased the — Principal Life Assured ◯ Spouse ◯ Child ◯ Extended family member ◯

First name

Surname

Approved form of identity — Date of birth

Relationship to policyholder

Date of death

Cause of death

Payment details

Account type — Savings account ◯ Transmission account ◯ Current account ◯ Credit card ◉

Name of account holder

Name of bank

Branch — Branch code

Account number

Approved form of identification — Contact details -

Signature of account holder — Date

Declaration

I, in my capacity as the claimant, declare and warrant that all statements and answers given are true and complete. I further understand that any misstatement or non disclosure of information which materially affects the assessment of this claim will entitle Liberty Life to declare this claim null and void.

Employer stamp (if applicable)

Authorised signatory of claimant — Date

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