



LAST EXPENSES CLAIM FORM

Full Name of Deceased

Scheme Name

Occupation at time of Death

Date of Death

Place of Death

Cause of Death Due to _____

If accidental what type of accident _____

Next of Kin Relationship _____

Fraud Notice

Lodging fraudulent claim may result in the Policy being cancelled at the time of discovery and an official report made to the Police. The Company also reserves the right to recover full benefit paid under the Policy if the claim is discovered to be fraudulent.

Documents required

- 1. Original Death Certificate/Burial Permit
- 2. Copy of the National Identity Card

The undersigned hereby undertakes to present Death Certificate if not ready at the time of this claim within one month from the date of this form.

I hereby undertake that aforementioned information and attached statements are true and complete to the best of my knowledge and hence authorize you to settle the claim in the name indicated above as next of kin.

DATED

FULL NAME OF EMPLOYER:
(Rubber Stamp)

SIGNATURE:

NAME:

POSITION: