



CLAIM NOTIFICATION FORM

1: PRINCIPAL MEMBER DETAILS

Title	Full Names	
Surname	Inception Date	
Membership No	Marital Status	
I.D. Number		

2: DECEASED DETAILS

Full Names	Surname	
Relation to Main Member	Cause of Death	
Date of Death	Claim Amount	
I.D. Number		

3: CLAIMANT DETAILS

Names & Surname		
Postal Address		
Code		
Tel No (H)	Tel No (W)	Cell No

4: PAYMENT INSTRUCTIONS

Cheque	Bank Transfer
Name of Account Holder	Name of Bank
Account Number	Branch
Account Type	Branch Code

5: DECLARATION

I, the undersigned, hereby certify that the above information is true and correct and that the deceased was a paid-up member or a spouse/ dependent of a paid up member of the Group Funeral Scheme at the time of his/ her death and that he/ she was entitled to the benefits as specified on the Master Policy of African Unity Insurance.

SIGNATURE: _____

DATE: _____

Should the policy be cancelled (Circle)? YES NO

Should this policy continue? If "yes" please provides the name and ID Number of the person under which the policy will continue.

Title	Full Names	
Surname		
I.D. Number		

6: RECEIPT

I hereby confirm receipt of Cash Amount/ Cheque No:	
Full Name	
Date:	
I.D. Number	

For Office Use

Amount Due: _____ Less Deductions: _____ Total Paid: _____

Processed by: _____ Approved: _____