

# Group Funeral Policy Claim Form

## 1. Policy Details

Policy Number

Policyholder Name

Group/Employer Name

## 2. Deceased Member Details

Full Name

Date of Birth

Date of Death

Relationship to Policyholder

Membership/Employee Number

## 3. Claimant Details

Claimant Name

Contact Number

Address

Relationship to Deceased

#### 4. Bank Details for Payout

Bank Name

Account Holder

Account Number

Branch Code

#### 5. Supporting Documents

- Death Certificate (attach copy)
- Certified Copy of ID (Deceased and Claimant)
- Proof of relationship
- Bank statement/cancelled cheque
- Policy document (if available)

#### 6. Declaration

I declare that all information provided is true and complete.

Claimant Signature

Date