FUNERAL CLAIMS FORM

Please use black pen and block letters. For assistance contact us on +267 3710619 & lifeclaims@westlife.co.bw

Policy Number: _____

MEMBER DETAILS (Deceased)

Forename(s): _____ Surname: _____

Date of Joining: _____ Date of Birth: _____

I.D. Number: _____

Cause of Death: _____

CLAIMANT DETAILS (Beneficiary)

Forename(s): _____ Surname: _____

Bank Name: _____ Branch Name: _____

Branch Number: _____ Account No: _____

Email Address: _____

DECLARATION:

I declare that the above information is true and correct; I also understand that the claim can only be processed once all the relevant information has been provided.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

1. Suicide in the first 12 months are excluded. Cause of death
2. Last 3 months premiums have been received Yes ☐ No ☐
3. ID documents of beneficiary received Yes ☐ No ☐
4. Certified copy of death certificate received Yes ☐ No ☐
5. Police Report if cause of death is unnatural
6. Completed KYC form of the claimant Yes ☐ No ☐

Official Stamp

Inception Date: D D / M M / Y Y Y Y

Date: D D / M M / Y Y Y Y

Amount: _____

Signature: _____