



Group Funeral Scheme Claim Form

Confidential

A Employee number

B Details of deceased

Full name(s) and surname Title

Date of birth ID number

Date of death Date of joining the scheme

Relationship to main member Self Spouse Child Parent

Cause of death? Natural Unnatural

C Particulars of the claimant

Full name(s) and surname Title

ID number Relationship of deceased

Telephone (W) (H) Cell

D Banking details

Account number Account holder's name

Bank name Branch

If payment of the claim must be done by cheque, please provide the following:

Cheque payable to

E Indemnity

I, the undersigned claimant certify that all information provided by me, in respect of this claim is true and correct, I indemnify Absa Life Botswana against any further claims in respect of the deceased under this policy.

Name and surname Title

Signature Place Date

Minimum required claim documentation

- Certified copy of a death certificate
- Certified ID document of the beneficiary
- Certified copy of marriage certificate if it's a spouse claim
- Certified proof of a stillborn child will be required at claim stage
- Certified copy of birth certificate if it's a child claim
- Certified copy of the birth certificate of main member or spouse, whichever is applicable, if it is a parent claim
- Police report for accidental death
- All required claim documentation must be faxed to: +267 390 9827