

## Claim Form

1.	<b>Policyholder Details</b> Name & Surname: ID no.: Postal address: Physical address: Tel no.: Cell no.: Email: Marital status: Membership no.:	          Married: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/>
2.	<b>Death Benefit</b> Name of deceased: ID no.: Death certificate no.: Date of death:	Funeral: <input type="checkbox"/> Free Funeral: <input type="checkbox"/> Yambu Life: <input type="checkbox"/> Trustco Life Plus: <input type="checkbox"/>    
3.	<b>Beneficiary Details</b> Name & Surname: ID no.: Address: Cell no.: Email:	     
5.	<b>Beneficiary Bank Details</b> Account holder name: Bank: Account no.: Branch code/name:	    
6.	<b>Documents Submitted:</b>	Death Certificate: <input type="checkbox"/> Deceased's ID: <input type="checkbox"/> Post-mortem Report: <input type="checkbox"/> Beneficiary's ID: <input type="checkbox"/> Hospital Passport: <input type="checkbox"/> Applicant's ID: <input type="checkbox"/>
7.	Details of previous claim(s) submitted with Trustco Insurance Ltd/Trustco Life Ltd:	  

I, hereby, certify that the above information is to the best of my knowledge true and correct and fully understand that this claim may be repudiated in the event that I have intentionally provided Trustco Life with false information.

Signature of person submitting the claim: \_\_\_\_\_  
Relationship to policyholder: \_\_\_\_\_  
Date: \_\_\_\_\_

When finish filling in form and you details are correct, click the submit button.