


LEGAL *Shield*

Claim Form



1. Main Member Details: Name & Surname: _____ ID Number: _____ Postal Address: _____ Physical Address: _____ Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Date of Marriage/Divorce: _____		2. Telephone Number: (<i>Home</i>) _____ Telephone Number: (<i>Work</i>) _____ Cellphone Number: _____ Fax Number: _____ Email: _____
3. Membership Number:		_____
4. Details of Claimant: Name & Surname: _____ ID Number: _____ Contact Details: _____ Claimant listed on policy: Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ _____ _____
5. Nature of Claim: Legal <input type="checkbox"/> Dread Disease <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Income Protector <input type="checkbox"/>		Policy Type: Legal Shield <input type="checkbox"/> Medi Shield <input type="checkbox"/> Salary Shield <input type="checkbox"/> Next Generation Legal Shield <input type="checkbox"/>
6. CR/Summons/Case Number: Any other reference Number:		_____ _____
7. Date when the incident which gives rise to this claim occurred:		_____ _____
8. Banking details: (for hospital, dread disease and income protector payouts) Account Holder Name: _____ Bank Name: _____ Account Number: _____ Branch Code/Name: _____ Type of Account: _____		_____ _____ _____ _____
9. Details of previous claim/s submitted with Trustco Insurance Ltd/Trustco Life Ltd:		_____ _____ _____ _____ _____ _____

