



# Claim Form



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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

[illegible]

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Submitting Claim: \_\_\_\_\_  
Relationship to Policy Holder: \_\_\_\_\_  
Date: \_\_\_\_\_

UNDERWRITTEN BY TRUSTCO LIFE LIMITED



**TRUSTCO**  
oshi li nawa | it's all good