LIFE +

FUNERAL *Shield*
Protecting Your Family.

Free **Funeral**

Claim Form

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

Signature of person submitting the claim: _____
Relationship to policyholder: _____
Date: _____

STANBURY
UNDERWRITTEN BY STANBURY LIFE LIMITED