



# CLAIM FORM

## MOONLIGHT FUNERAL ASSURANCE

### POLICYHOLDER DETAILS

Date:...../...../20....

Time in.....:.....HRS Time out.....:.....HRS

FIRST NAME:	SURNAME:
POLICY NUMBER:	STOP ORDER AUTHORITY:
SUM ASSURED: \$	PREMIUM: \$

### DECEASED'S DETAILS

FIRST NAME		I.D No.	
SURNAME		RELATIONSHIP:	
DATE OF DEATH		D.O.B	
BURIAL ORDER NO.:		CAUSE OF DEATH:	
DURATION OF ILLNESS		BODY AT	
PLACE OF BURIAL			

### ACKNOWLEDGEMENT OF PREMIUM REVIEW

I have been made aware that the premiums of the policy shall be reviewed to preserve the policy benefits and I shall comply with the premium review: YES / No.

### CLAIMANT DETAILS

FIRST NAME:	SURNAME:	ID:
RELATIONSHIP TO DECEASED:		
SIGNATURE:	CELL NO:	

### Bank Details

Account Name:		
Account No:	Bank Name:	Branch:

The following documents are required in the processing of your claim: -

- Policy Document/Certificate of Membership
- Notice of death, Burial Order or death Certificate
- Any other authentic notification endorsed by the police or Medical Practitioner etc. Letter from the Chief/Headman
- Affidavit (Certified by police) if the names show a difference.

### FOR OFFICE USE

MOONLIGHT BRANCH:	INVOICE NUMBER:
REMARKS :	

BRANCH CLERK FULL NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_