



## GROUP FUNERAL SCHEME CLAIM FORM

> Confidential

A. EMPLOYEE NUMBER

### B. DETAILS OF THE DECEASED

Name(s)  Title   
 Surname   
 Date of Death         Date of Joining the Scheme          
 Relationship to Main Member Self ☐ Spouse ☐ Child ☐ Parent ☐ Extended ☐  
 Cause of Death? Natural ☐ Unnatural ☐

### C. PARTICULARS OF THE CLAIMANT

Name(s)  Title   
 Surname   
 ID / Passport No  Relationship of Deceased   
 Telephone No (w)  (H)   
 Cellphone No

### D. BANKING DETAILS

Account Holder's Name   
 Account No  Branch   
 Bank Name

### E. INDEMNITY

I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge. I understand that the processing of this claim is subject to the submission of all required and relevant documentation. I further acknowledge that any false, incomplete, or misleading information may result in the rejection of the claim and/or possible legal action. I consent to the insurer verifying the information with third parties, including medical practitioners, employers, or government institutions, as may be necessary for the assessment of this claim.

Name(s)  Title   
 Surname

Signature \_\_\_\_\_ Place \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Minimum required claim documentation

- > Certified copy of a death certificate
- > Certified ID document of the beneficiary
- > Certified copy of marriage certificate if it is a spouse claim
- > Certified proof of a stillborn child will be required at claim stage
- > Certified copy of birth certificate if it is a child claim
- > Police report for accidental death
- > All required claim documentation must be sent to [claims@axionlife.co.bw](mailto:claims@axionlife.co.bw)