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ShildShare MICROINSURANCE

Because financial protection matters

FUNERAL DEATH CLAIM FORM

Please accept our sincere condolences on your recent loss. We understand this is a difficult time, and we are committed to providing prompt and respectful assistance throughout your claim.

SECTION 1: TICK CLAIM TYPE

Individual Policy		Burial Society/ Group	
Policy Holders ID/ Name		Burial Society/ Group Name	

SECTION 2: DETAILS OF DECEASED

First Name (s)			Surname		
National ID Number			Gender		
Date of Death			Cause of Death		
Place of Death			Funeral Service Provider used		
For Death out of Hospital state where death was reported					
For Accident Death give a short description					
Was death reported as unnatural or violent by authorities or a suspected suicide	Yes			No	

SECTION 3: CLAIM ENTITLEMENT DISCLAIMER

i) Completion of this claim form does not automatically entitle the claimant to receive proceeds from the policy. ShildShare Microinsurance (Private) Limited reserves the right to pay the nominated beneficiary in accordance with the policy Terms and Conditions, which can be found at www.shildshare.com/termsandconditions or at any ShildShare approved customer service touchpoint.

ii) In the event that the nominated beneficiary is unable or unwilling to complete this claim form, they must submit a written letter or affidavit together with their national ID, waiving their right to complete the form and appointing an alternate beneficiary, where applicable.

iii) By signing this form, you consent to the collection and processing of personal data for claims purposes only, in accordance with applicable data protection laws.

SECTION 4: CLAIMANT DETAILS

i) **Fraud and Accuracy Reminder:** Any misrepresentation, non-disclosure, or fraudulent act by a Policyholder or Beneficiary may result in cancellation of the Policy, rejection of the claim, or forfeiture of premiums or benefits.

ii) We confirm by signing this form that the information provided in this claim form is accurate, complete, and in accordance with the Terms and Conditions of the ShildShare Funeral Cash Plan, and we understand that any fraudulent information may result in the rejection of the claim or cancellation of the Policy.

	Claimant Details	**Witness 1 Details**	**Witness 2 Details**
Full Name			
ID Number			
Date of Birth			
Gender			
Relationship			
Contact Number (s)			
Address			
Signature			
Date			

SECTION 5: BENEFICIARY DETAILS

Pay to (Beneficiary Name:		**Contact Number (s)**	

SECTION 6: SELECT PREFERRED PAY-OUT OPTION

Payments to third-party accounts are subject to verification in line with AML/CFT requirements.

Cash	*(Tick)*	**Mobile Money**	*(Tick)*	**Bank Transfer**	*(Tick)*
Collection Point		EcoCash Mobile Number		Account Name	
				Bank Name	
		Account Name		Branch	
				Account Number	

SECTION 7: REQUIREMENTS/ ATTACHMENTS (MANDATORY)

Death Certificate/ Burial Order/ Order to Bury/Affidavit from the Chief confirming Death		**Copies of ID for Claimant and Witnesses with at least two bearing the same surname as that of the deceased**		**Any Other Supporting Documents**	