

CLAIM FORM: Accident Report

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African Unity Life is an authorised Financial Services Provider, FSP No 8447

DETAILS OF TH	DETAILS OF THE SCHEME																								
Scheme Name																Schen	ne Co	de							
DETAILS OF THE PRINCIPAL INSURED																									
Surname															Na	те									
ID Number								Policy							y Nur	ımber									
DETAILS OF THE DECEASED																									
Surname															Na	me									
ID Number													E	Date o	f Birti	h									
Principal Mem	ber	Spouse			Common Law			pous	e		Chil	d		Student			Exte	nded	Famil	у Ме	mbei	r			
Date of Death	Date of Death			Cause of			f Death	Death Ve			ehicle Accide			Drowning			Shoot	oting Other Specify under co							
Benefit Amou		Comments														•			•						
PARTICULARS OF THE DEATH CLAIM																									
SAP CASE Num	mber Police Sta										Statio	n													
Investigating Of	ficers	Name	,																						
Circumstances of the Death																									
Is anyone being investigated / been arrested in this case?							?		Yes		No					_	_	_		_				_	
If "Yes", is the person directly related to the deceased?								Yes		No															
Is the death being investigated as SUICIDE?									Yes		No														
DECLARATION AND SIGNATURE OF THE INVESTIGATING OFFICER																									
I hereby declare that the information provided in this document is accurate and correct																									
Signature														Dat	te										