



1. REQUIRED DOCUMENTS

- Death Certificate/Medical Cause of Death Cert Proof of age of deceased
- Police Report in case of accidental death (Voters ID, National ID, NHIS card, Birth cert, Driver's license, passport,) Photo ID of claimant and deceased.(must be an acceptable national ID)
- All available burial documentation
- All available mortuary documents

2. NOTE

IF YOU HAVE CHALLENGES IN ACCESSING ANY OF THE REQUIRED DOCUMENTS, PLEASE DO NOT HESITATE TO CONTACT OUR CLAIMS UNIT.

3. IDENTIFICATION OF DECEASED

FIRST NAMES: SURNAME: Date of birth:

Maiden names where applicable : RELATIONSHIP TO CLAIMANT:

4. DECEASED PARTICULARS PRIOR TO DEATH

a. Contact Details (Telephone numbers):

HOME MOBILE WORK

POSTAL ADDRESS:

b. Physical Address:

TOWN: SUBURB: HOUSE No

NOTABLE LANDMARK:

c. Employer Details:

ORGANIZATION: OCCUPATION: TEL:

ADDRESS: LOCATION:

d. Religious Details:

RELIGION:

DENOMINATION:

e. Death Description:

DATE OF DEATH:

TIME OF DEATH:

PLACE OF DEATH (HOME, HOSPITAL, OTHER):

CAUSE OF DEATH:

NATURAL

ACCIDENTAL

EXACT CAUSE
OF THE DEATH

f. Details of Mortuary /Funeral Home:

BODY DEPOSITED AT MORTUARY / FUNERAL HOME:

NAME OF MORTUARY:

PHONE NUMBER:

g. Death by Accident (If applicable)

SUMMARY OF ACCIDENT:

PLACE OF ACCIDENT:

NAME AND ADDRESS OF POLICE STATION:

Please attach a copy of police findings

h. Medical Details:

HOSPITAL NAME:

NAME OF DOCTOR:

PHONE NUMBER (DOCTOR AND HOSPITAL):

i. Burial Information

HAS DECEASED BEEN BURIED :(Y/N):

YES

NO

NAME OF CEMETERY/INTENDED CEMETERY:

DATE /INTENDED DATE FOR BURIAL:

NAME OF RELIGIOUS BODY THAT HANDLED THE BURIAL SERVICE:

2. PARTICULARS OF CLAIMANT

FIRST NAME: SURNAME: DATE OF BIRTH:

a. Contact Details (Telephone Numbers):

HOME : MOBILE: WORK:

POSTAL ADDRESS: EMAIL ADDRESS :

b. Physical Address

TOWN: SUBURB: HOUSE NUMBER:

NOTABLE LANDMARK:

c. Employer Details (Name, Location, Contact Number)

d. PAYMENT OPTION: EFT: CHEQUE:

BANK DETAILS

*I further declare that the above statement and answers to the above questions are true and i have no relevant material withheld. I undertake to give any records which may be required by Prudential Life and clearly relinquish all provisions of law ,customer professional etiquette forbidden by a physician or other persons who attended to the deceased, or any institution the deceased received treatment, to disclose any knowledge or information which is by this means required by Prudential Life .
I authorize all such persons and organizations to furnish any information in their possession to Prudential Life.*

SIGNATURE OF CLIENT: _____ SIGNED DATE:

OFFICE USE ONLY

COMMENTS:

SIGNATURE/ CLAIMANT
CONFIRMED?

YES

NO

NAME AND CONTACT OF TRUSTEE:

TQ CLAIM NUMBER:

HANDLED BY:

BRANCH:

SIGNATURE: _____ DATE: