

Claim Form



1.	Main Member Details: Name & Surname: ID Number: Postal Address: Physical Address: Marital Status: Married Single Divorced	2.	Telephone Number: (Home) Telephone Number: (Work) Cellphone Number: Fax Number: Email:
3.	Membership Number:		
4.	Details of Claimant: Name & Surname: ID Number: Contact Details: Claimant listed on policy: Yes No		PolicyTypo
5.	Legal		Policy Type:Legal ShieldMedi ShieldSalary ShieldNext Generation Legal Shield
6.	CR/Summons/Case Number: Any other reference Number:		
7.	Date when the incident which gives rise to this claim occured:		
8.	Banking details: (for hospital, dread disease and income protector payouts) Account Holder Name: Bank Name: Account Number: Branch Code/Name: Type of Account:		
9.	Details of previous claim/s submitted with Trustco Insurance Ltd/Trustco Life Ltd:		

12. Preferred legal action to be taken (if applicable):

13.	Documents attached:
A)	
B)	
C)	
D)	
E)	
F)	

I, hereby, certify that the above information is to the best of my knowledge true and correct and fully understand that this claim may be repudiated in the event that I have intentionally provided Trustco Insurance with false information.

Signature of Person Submitting Claim:				
Relationship to Policy Holder:				
Date:				

When finish filling in form and you details are correct, click the submit button.



Cape Town

UNDERWRITTEN BY TRUSTCO LIFE LIMITED



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