



LEGAL *Shield*

Claim Form



JULY 2021

1. Main Member Details: Name & Surname: _____ ID Number: _____ Postal Address: _____ Physical Address: _____ Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Date of Marriage/Divorce: _____	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 <input type="checkbox"/> No <input type="checkbox"/>	
5. Nature of Claim: Legal <input type="checkbox"/> Dread Disease <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Income Protector <input type="checkbox"/>	Policy Type: Legal Shield <input type="checkbox"/> Medi Shield <input type="checkbox"/> Salary Shield <input type="checkbox"/> Next Generation Legal Shield <input type="checkbox"/>
6. CR/Summons/Case Number: Any other reference Number:	
7. Date when the incident which gives rise to this claim occurred:	
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:	

[illegible][illegible]

A) _____

B) _____

C) _____

D) _____

E) _____

F) _____

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

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