APRIL 2021

LEGAL Shield

Claim Form

NEXT GENERATION

1.	**Main Member Details:** Name & Surname: _____ ID Number: _____ Postal Address: _____ Physical Address: _____ Marital Status: Married ☐ Single ☐ Divorced ☐ 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 ☐ No ☐		_____ _____ _____
5.	**Nature of Claim:** Legal ☐ Dread Disease ☐ Hospitalisation ☐ Income Protector ☐		**Policy Type:** Legal Shield ☐ Medi Shield ☐ Salary Shield ☐ Next 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:**		_____ _____ _____ _____ _____ _____ _____

11. A detailed statement concerning your claim:

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: _____