



BUSINESS *Shield*

Membership No.:

Funeral Claim Form

1	Policy holder:	
2	Particulars of insured Business:	
	❖ Postal Address:	
	❖ Registration No.:	
	❖ Physical Address:	
	❖ E-mail Address:	
	❖ Telephone No.:	
	❖ Cellphone number of business representative:	
	❖ Fax No.:	
3	Effective date of policy:	
4	Particulars of deceased employee:	Name: Employee No.:
		ID: Date of Employment:
5	Date of death:	
6	Cause of death:	
7	Place of death:Town:	
	Name of Hospital:	
8.	Details of previous submitted claim:	

9. Documents attached:

	Yes	No
Death Certificate: _____		
Medical Report: _____		
Employment Contract: _____		
ID of beneficiary: _____		

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

Signature of owner/business representative/beneficiary: _____

Date: _____

