



SALARY *Shield*



MEDI *Shield*  
PLUS



FUNERAL *Shield*  
PLUS



# Claim *Form*

1.	Name and Postal Address of Policyholder: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Date of marriage: <input type="text"/>	_____ _____ _____
2.	Telephone number: (Home) Telephone number: (Work) Cellphone number: Fax number:	_____ _____ _____ _____
3.	1.) Legal Shield Membership Number: or (Number on Gold Card) 2.) IOL or MET Number: (Number on Contract)	_____ _____
4.	CR Number/Summons/Case Number: Any other Reference Number:	_____ _____
5.	Name of Insured: I.D. Number:	_____ _____
6.	Date when the incident which gives rise to this claim occurred:	_____ _____
7.	Have you at any stage been in arrears with any of your 1) Legal Shield 2) Funeral Shield 3) Medi Shield 4) Elite Plan or 5) Salary Shield premiums?	1) _____ 2) _____ 3) _____ 4) _____ 5) _____
8.	Funeral benefit: Particulars of deceased Death certificate number I.D. number of beneficiary Full names of beneficiary Address/Telephone number of beneficiary	_____ _____ _____ _____ _____ _____
9.	Details of previous claims submitted with Legal Shield Namibia:	_____ _____

10. A detailed statement concerning your claim \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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11. Preferred legal action to be taken (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Documents attached:  
A) \_\_\_\_\_  
B) \_\_\_\_\_  
C) \_\_\_\_\_  
D) \_\_\_\_\_  
E) \_\_\_\_\_  
F) \_\_\_\_\_  
G) \_\_\_\_\_  
H) \_\_\_\_\_

I 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 insured: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

