



**LEGAL *Shield***

Rather have it



**SALARY *Shield***



**MEDI *Shield*  
PLUS**



**FUNERAL *Shield*  
PLUS**

**ELITE PLAN**

# Claim *Form*

1.	Name and Postal Address of Policyholder: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Date of marriage: <input type="text"/>	<hr/> <hr/> <hr/>
2.	Telephone number: (Home) Telephone number: (Work) Cellphone number: Fax number:	<hr/> <hr/> <hr/> <hr/>
3.	1.) Legal Shield Membership Number: or (Number on Gold Card) 2.) IOL or MET Number: (Number on Contract)	<hr/> <hr/>
4.	CR Number/Summons/Case Number: Any other Reference Number:	<hr/> <hr/>
5.	Name of Insured: I.D. Number:	<hr/> <hr/>
6.	Date when the incident which gives rise to this claim occurred:	<hr/> <hr/>
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	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
9.	Details of previous claims submitted with Legal Shield Namibia:	<hr/> <hr/>

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

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: \_\_\_\_\_

