



**LEGAL** *Shield*

# Claim Form



<p><b>1. Main Member Details:</b>                  Name &amp; 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: _____</p>	<p><b>2.</b> Telephone Number: <i>(Home)</i> _____                  Telephone Number: <i>(Work)</i> _____                  Cellphone Number: _____                  Fax Number: _____                  Email: _____</p>
<p><b>3. Membership Number:</b></p>	<p>_____</p>
<p><b>4. Details of Claimant:</b>                  Name &amp; Surname: _____                  ID Number: _____                  Contact Details: _____                  Claimant listed on policy: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>_____                  _____                  _____</p>
<p><b>5. Nature of Claim:</b>                  Legal <input type="checkbox"/>                  Dread Disease <input type="checkbox"/>                  Hospitalisation <input type="checkbox"/>                  Income Protector <input type="checkbox"/></p>	<p><b>Policy Type:</b>                  Legal Shield <input type="checkbox"/>                  Medi Shield <input type="checkbox"/>                  Salary Shield <input type="checkbox"/>                  Next Generation Legal Shield <input type="checkbox"/></p>
<p><b>6. CR/Summons/Case Number:</b>  <b>Any other reference Number:</b></p>	<p>_____                  _____</p>
<p><b>7. Date when the incident which gives rise to this claim occurred:</b></p>	<p>_____                  _____</p>
<p><b>8. Banking details:</b> <small>(for hospital, dread disease and income protector payouts)</small>                  Account Holder Name: _____                  Bank Name: _____                  Account Number: _____                  Branch Code/Name: _____                  Type of Account: _____</p>	<p>_____                  _____                  _____                  _____</p>
<p><b>9. Details of previous claim/s submitted with Trustco Insurance Ltd/Trustco Life Ltd:</b></p>	<p>_____                  _____                  _____                  _____                  _____                  _____</p>

