



BUSINESS *Shield*

Membership no.:

Funeral Claim Form

1.	Name of Policyholder:		
2.	Particulars of the business:		
	•	Postal address:	
	•	Registration no.:	
	•	Physical address:	
	•	Email address:	
	•	Telephone no.:	
	•	Cellphone no. of business representative:	
	•	Fax no.:	
3.	Effective date of policy:		
4.	Particulars of deceased employee:		
	•	Name & Surname:	
	•	ID no.:	
	•	Employee no.:	
	•	Date of employment:	
	•	Date of death:	
	•	Cause of death:	
	•	Place of death:	
5.	Details of previous submitted claim:		
6.	Documents attached:	Yes	No
	A: Death Certificate:		
	B: Medical Report:		
	C: Employment Contract:		
	D: ID of beneficiary:		

When finish filling in form and you details are correct, click the submit button.

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: _____

Name and Surname: _____

Date: _____

