



In order for any claim to be assessed we must be provided with the following evidence and information.

Section 1 - Deceased's Details

Full Name

Date of Birth

Occupation

Annual Salary (state currency)

Nationality

Based at

Home address

Date first employed by Policyholder

Section 2 - Evidence

Please provide the following evidence:

- a) Official Death Certificate;
- b) Official document proving Deceased's date of birth;
- c) Detailed medical report on the onset and cause of illness, disease or bodily injury which caused death; or in the event that there was no medical treatment, a medical or official certificate stating the cause and circumstance of death;
- d) Evidence that the Deceased was an employee of the Assured at the date of death;
- e) Evidence of salary at date of death.

Section 3 - Other Information

Please answer the following, providing full details where necessary. You may use the space provided for additional comments if required.

- a) Where was the Deceased's usual place of work at date of death?
- b) Has the Deceased previously been medically underwritten?
- c) Was the Deceased a PHI/Disability, or Personal Accident Claimant?

d) Was the Deceased temporarily absent from his usual occupation at date of death?

e) Confirm and provide evidence that the Deceased was Actively at Work at the Policy Inception date, or the date when Deceased was first eligible for coverage.

f) Was the Deceased absent for more than 10 consecutive days in the three month prior to Policy Inception?

g) Was the cause of death due to any policy exclusions as per bound risk confirmation, Policy Document or those listed below:

- I. War, terrorism or warlike action (whether declared or not), civil war, rebellion, insurrection or military or usurped power;
- II. Attempted suicide or self-inflicted injury, misuse of drugs or alcohol or HIV/AIDS;
- III. Underground mining;
- IV. Explosive charges;
- V. Any explosive material used during mining;
- VI. Kidnap or ransom?

Please note that we reserve the right to request any further information or documentation that is necessary to consider the claim.

Please use the section below for any additional comments or for answers that require further space:

I declare that the above information is true, complete and precise, to the best of my knowledge. I understand that in the event of this claim being misleading or fraudulent, in whole or part then the claim will be invalidated.

Signature

Date

If you require any further details, please ask your financial adviser.
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
info@ses-zambia.com