



# SRIC

Ensuring your tomorrow, today.

## FUNERAL/DEATH CLAIM - DISCHARGE FORM

To enable SRIC to process your request, the claim form must be completed and all the documents listed at the end of the form be submitted. Please note that the claimant bears all the costs of obtaining the documents required.

### DETAILS OF POLICY

Policy Number	<input type="text"/>
Full Name of Policy Holder	<input type="text"/>
Date of Commencement	<input type="text"/>

### DETAILS OF DECEASED PERSON (IMINININGWANE NGALOSHONILE)

Full Name of Deceased <i>(ligama laloshonile leliphelile)</i>	<input type="text"/>		
Relationship of Deceased to Policy Owner <i>(buhlobo baloshonile nemnikati we Policy)</i>	<input type="text"/>		
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	Date of Death	<input type="text" value="DD / MM / YYYY"/>
Identity Number	<input type="text"/>		
Where Body is kept (Name of Mortuary) <i>(sidvumbu sibekwe kuphi?)</i>	<input type="text"/>		
Cause of Death: <i>(ubulawe yini?)</i>	<input type="text"/>		
Name of Employer/School <i>(bekasebenta kuphi?)</i>	<input type="text"/>		
Telephone No. of Employer/School <i>(inombolo yelucingo)</i>	<input type="text"/>		

### DETAILS OF CLAIMANT BENEFICIARY (IMINININGWANE NGALOFAKA ICLAIM)

Full Name of Claimant <i>(ligama lalofaka iclaim leliphelile)</i>	<input type="text"/>		
Identity Number	<input type="text"/>		
Relationship of Claimant to Policy Owner <i>(buhlobo balofaka iclaim nemnikati we Policy)</i>	<input type="text"/>		
Postal Address <i>(likheli)</i>	<input type="text"/>		
Physical Address <i>(ekhaya kini/lapho uhlala khona)</i>	<input type="text"/>		
Telephone Number (work)	<input type="text"/>	Telephone (home)	<input type="text"/>
Mobile Number	<input type="text"/>		



Policy Number

**PAYMENT DISCHARGE INSTRUCTION**

## PAYMENT DETAILS (TICK ONE)

 Cash EFT

- The value of the claim is
- The amounts below must be deducted from the proceeds of the policy and be paid in the following manner:

**POLICY NUMBER**      **AMOUNT**

Loan Balance

Premium Balance

Admin Fee

- Please credit my/our bank account below with the net amount (attach bank statement)

Bank name

Branch name

Account Number

Branch Code

Name of Account Holder

Type of account

 Savings Current Transmission

Signature of Policy Owner/s/Claimant

**DECLARATION BY CLAIMANT/PAYEE**

I, (full names) in my capacity as claimant, declare and warrant that all the statements and answers which may now or at anytime be given in connection with this claim whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure which materially affects the assessment of this claim will entitle Swaziland Royal Insurance Corporation to declare this claim null and void.

I hereby apply for the payment of the proceeds of this claim under the policy and confirm that payment of such proceeds by Swaziland Royal Insurance Corporation shall represent the full and final discharge of the Corporation's liability under the said policy/claim.

Signature

DD / MM / YYYY

Date

**NOTE: Claims must be accompanied by the following documents, originals or certified copies (also bring payee's ID and ID of the deceased and a letter from mortuary confirming the body)**

**Death of a Member**

Death Certificate  
I.D. of Claimant/Payee  
I.D. of Deceased  
Policy Document  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled cheque  
of payee (optional)

**Death of a Spouse**

Death Certificate  
Marriage Certificate  
I.D. of Claimant/Payee  
I.D. of Deceased  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled cheque  
of payee (optional)

**Death of a Child**

Death Certificate  
Child's Birth Certificate  
I.D. of Claimant/Payee  
I.D. of Deceased  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled cheque  
of payee (optional)

**Death of a Parent**

Death Certificate  
Member's Birth  
Certificate  
I.D. of Claimant/Payee  
I.D. of Deceased  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled  
cheque of payee  
(optional)

**Death of a Parent-in-Law**

Death Certificate  
Member's Marriage  
Certificate  
Spouse's Birth Certificate  
I.D. of Claimant/Payee  
I.D. of Deceased  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled cheque  
of payee (optional)