



SRIC

Ensuring your tomorrow, today.

GROUP FUNERAL CLAIM 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

Scheme Name/Policy Number	<input type="text"/>
Member Name	<input type="text"/>
Member Number	<input type="text"/>
Claim Amount	<input type="text"/>

DETAILS OF DECEASED PERSON (IMINININGWANE NGALOSHONILE)

Full Name of Deceased <i>(ligama laloshonile leliphelele)</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/PAYEE (IMINININGWANE NGALOFKA ICLAIM)

Full Name of Claimant <i>(ligama lalofaka iclaim leliphelele)</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

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

Bank name, Branch name, Account Number, 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 hereby apply for the payment the proceeds of this claim under this 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, Date (DD / MM / YYYY)

DECLARATION ON BEHALF OF THE SCHEME

I, (full names) for and on behalf of the funeral scheme named above hereby declare that, to the best of my knowledge, the information given above is true and complete.

Signature, Date (DD / MM / YYYY), Designation

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)

Table with 5 columns: Death of a Member, Death of a Spouse, Death of a Child, Death of a Parent, Death of a Parent-in-Law. Lists required documents for each category.