Legal Expenses Accidental Death Claim Form

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NB. Please attach the following documents:

> Certified copy of the Death Certificate of the main Member.
> Certified copy of the Nominated Beneficiary's ID or Passport.
> Letter of Executorship, if the Deceased did not nominate a Beneficiary.

> Certified copy of the ID document of the deceased Main Member.
> Nominated Beneficiary / Executor's Bank Statement / letter.
> Notice of Death Form.
> Post mortem / inquest report where applicable.
> Police Declaration Form.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Particulars of Deceased

LegalWise Membership No

Surname _____ Title _____

First Name/s

ID No _____ Date of Birth Y Y Y Y M M D D

Date of Death Y Y Y Y M M D D

Name of Doctor who certified Death

Practice No

Doctor Address

Doctor Tel No _____ Doctor Cell No

If the claimant is the Nominated Beneficiary, complete section 2 and 4.
If the claimant is the Executor, complete section 3 and 4.

2. Particulars of Nominated Beneficiary

Surname _____ Title _____

First Name/s

ID No _____ Date of Birth Y Y Y Y M M D D

Postal Address _____ Postal Code _____

Residential Address _____ Postal Code _____

Tel Home _____ Tel Work _____

Cell No

E-Mail

3. Executor's details

Surname	Title
First Name/s	
ID No	Date of Birth: Y Y Y Y M M D D
Firm Name	
Estate No	
Postal Address	
	Postal Code
Business Address	
	Postal Code
Tel Home	Tel Work
Cell No	
E-Mail	

4. Bank details (please attach proof of banking details of the Nominated Benificiary/Executor)

Name of Account Holder	
Name of Bank	
Account No	
Branch Name	Branch Code
Account Type	

5. Cause of Death

Describe the cause of death:

Hollard/LegalWise are committed to protecting your privacy. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration and further maintenance of your insurance product/s. You confirm that the consent provided to us, is given on behalf of yourself, your minor dependents or any other Person to be added to your Membership, where you acknowledge and warrant that you have their permission to give such consent.

You are also consenting that Hollard/LegalWise may use your information to contact you regarding changes or updates about your insurance product/s and that Hollard/LegalWise may use your information in improving our product offering. If you do not want to receive any future product or service offerings from Hollard/LegalWise, then inform Us by contacting Member Administration on +264 61 236585 .

I, the undersigned, confirm that all the details provided are correct. Further, I consent to my information being used for the purposes of LegalWise related services only.

Claimant's Signature	Date: Y Y Y Y M M D D