



LOAN PROTECTION INSURANCE CLAIM FORM

OFFICIAL USE ONLY

Claim No.:

Bank:

Branch:

SECTION I: INSURED'S DETAILS

Name:

Physical address (Home):

Physical address (Bus):

Contact Phone:

Position or Occupation:

SECTION II: LOAN REPAYMENT

Reasons for defaulting and efforts taken to recover:

Period of Loan Cover:

From:

To:

(This must correspond to the term of your loan)

Total amount of loan:

Monthly instalment:

Outstanding balance:

*(Please attach the account statement)

Amount being claimed:

SECTION III: DEFAULTING EVENTS

If defaulting is due to death, road traffic accident, or disability, have you attached the following documents, which must be submitted in all cases:

Certified copy of the death certificate Police report Medical report

In the event of abscondence

Confirmation from the employer that the person has left his place of work or employment

Proof of follow ups made and evidence that the person has left the forwarding address

Any relevant additional information or comments:

In the event of sickness, permanent disablement, total temporary disablement

Medical report

In the event of retrenchment

Evidence from employer that the person was retrenched

DECLARATION

We declare that these particulars are true and complete in every respect.

Name:

Name:

Signature:

Signature:

Date:

Date:

