



**ESRIC**

Ensuring your tomorrow, today.

# FUNERAL/DEATH CLAIM/ DISCHARGE FORM

To enable ESRIC 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	
Full Name of Policy Holder	
Date of Commencement	

## DETAILS OF DECEASED PERSON

Full Name of Deceased (ligama laloshonile leliphelele)			
Relationship of Deceased to Policy Owner (buhlobo baloshonile nemnikati we Policy)			
Date of Birth	DD / MM / YYYY	Date of Death	DD / MM / YYYY
Where Body is kept (Name of Mortuary) (sidvumbu sibwkwe kuphi?)			
Cause of Death: (ubulawe yini?)			
Name of Employer/School (bekasebenta kuphi?)			
Telephone No. of Employer/School (inombolo yelucingo)			
Name of Chief (libito lachief)			
Name of Indvuna (libito lendvuna)			
Identity Number			

## DETAILS OF CLAIMANT BENEFICIARY

Full Name of Claimant (ligama lalojaka iclaim leliphelele)	
Relationship of Claimant to Policy Owner (buhlobo balofaka iclaim nemnikati we Policy)	
Postal Address (likheli)	
Physical Address (ekhaya kini/lapho uhlala khona)	
Name of Chief (libito lachief)	

**DETAILS OF CLAIMANT BENEFICIARY**Name of Indvuna  
(libito lendvuna)

Identity No

Telephone Number (work)

Telephone (home)

Mobile Number

Policy Number

**PAYMENT DISCHARGE INSTRUCTION**

1. The value of the claim is

2. 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

3. 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 the proceeds of the 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: All claims must be accompanied by the following documents, originals or certified copies**

**Death of a Member**

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

**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

**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

**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

**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 c  
Confirmation of Body  
Bank Statement/Pass  
book/Cancelled cheque  
of payee