Stanbic IBTC Insurance Limited

RC1036818

Stanbic IBTC Towers, Walter Carrington Crescent, Victoria Island, Lagos Nigeria.
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GROUP LIFE CLAIM FORM

I. This claim form can be completed for Death of an employee or his/her insured spouse
II. The claim form must be completed by an authorized representative of the employer or claimant/beneficiary

REQUIRED DOCUMENTS TO BE SUBMITTED

I. In case of a claim for Death Benefit arising out of accidents or unnatural causes:
a) Medical Certificate of Cause of Death or Death certificate, in original, issued by the competent authority.
b) Copies of Police Report duly attested by the concerned police officials.
c) Claim Form duly completed, stamped and signed by authorized persons.
d) KYC documents of the claimant as per AML Guidelines. (Proof of Address, Proof of Identity and BVN).
e) Any other document as may be required by the insurance company.

II. In case of claim for Death Benefit arising out of natural causes:
a. Medical Certificate of Cause of Death or death certificate
b. Claim Form duly completed, stamped and signed by authorized persons
c. KYC documents of the claimant as per AML Guidelines. (Proof of Address, Proof of Identity and BVN)
d. Any other document as may be required by the insurance company

Kindly complete the full details on the form as it provides us with the full information

1. Employee Details:

I. Policyholder Name (Grantee/Principal Employer- Company Name) ……..…..
II. Group Life Policy Number……

2. Deceased Employee's/ member's details:

I. Name of employee……
II. Maiden name, if applicable…….
III. Date of birth (DD/MM/YYYY):…….

3. If Death of Spouse of Employee/Member, State details:

I. Name of Spouse……
II. Maiden name, if applicable…….
III. Relationship……..
IV. Date of birth (DD/MM/YYYY):…….

4. Proof of Death:

I. Date of death.....…….
II. Cause of death (As stated on death certificate) ……..
III. Place of Death……...
IV. Duration of illness……..……
V. Name of Hospital……...
VI. Address of Hospital……
VII. Name of Attending Doctor…….

5. Next of Kin details (To be completed when beneficiary(ies) are below age 18:

Name……

Address……

Phone number……..

6. Beneficiary Details

S/N	Name	Phone Number	Date of Birth	Relationship	Proportion (%)

7. Declaration

I/We,.....hereby declare that the information and documents provided in respect of this product are true and correct and I/we have not withheld any other information which may affect the decision of Stanbic IBTC Insurance Company Limited ("the Company") in the processing of the claim.

I/we further undertake to indemnify the Company for any loss suffered or costs incurred as a result of any false information, documentation or error in the information or documentation provided by me/us to the Company in the connection with the service relationship.

Please specify and tick,

Authorized representative of the employer ☐ Claimant/beneficiary ☐

……

Name of (Authorized representative of the employer.

…… …….

Signature Date

(Authorized representative of the employer)

Claimant/Beneficiary:

……

Name of (Authorized representative of the claimant/beneficiary)

…… …….

Signature Date

(Authorized representative of the claimant/beneficiary)

Data Consent Clause

I hereby certify that the information provided in this form is correct and I consent to the processing of my Personal Information (P.I.) based on the requirements of the Nigeria Data Protection Regulation 2019 (as may be amended) and the operations of Stanbic IBTC Insurance Limited (SIIL) as a Life Insurance Company licensed by the National Insurance Commission. It is my understanding that SIIL will ensure that due care is exercised to secure and protect my personal information

◯ I consent

Marketing Consent Clause

I consent to share my data with companies within the Stanbic IBTC Group so they can send me relevant offers which may interest me. This can include offers relating to Banking, pension, asset management, trusteeship, stockbroking etc.

◯ I consent ◯ I do not consent

You can get more information about this from our Privacy Statement.

Name

Signature

Date