



Stanbic IBTC
Insurance Limited

RETAIL DEATH CLAIMS FORM

- I. This claim form can be completed for Death of a policyholder or his/her insured spouse where there is joint life.
- II. The claim form must be completed by an authorized representative of the policy holder/claimant/beneficiary.
- III. The form does not mean the company has admitted liability.

REQUIRED DOCUMENTS TO BE SUBMITTED

- I. In case of a claim for Death Benefit arising out of accidents or unnatural causes:
 - a) Original Medical Certificate of Cause of Death or Death certificate issued by the competent authority.
 - b) Copies of Police Report duly attested by the police officer(s) who investigated the accident.
 - c) Claim form duly completed, stamped and signed by authorized persons.
 - d) KYC documents of the claimant (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. Original Medical Certificate of Cause of Death or Death Certificate issued by the competent authority
 - b. Claim form duly completed, stamped and signed by authorized persons
 - c. KYC documents of the claimant (Proof of Address, Proof of Identity and BVN)
 - d. Any other document as may be required by the insurance company

Issued By:

**WEALTH HOUSE, PLOT 1678, OLAKUNLE BAKARE CLOSE
OFF SANUSI FAFUNWA VICTORIA ISLAND LAGOS.**

E-mail: insure@stanbicibtc.com, Tel: 01 2706801



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

1. Policyholder Details:

- I. Policyholder's Name
- II. Policy Number.....

2. Deceased Person's details:

- I. Name of the deceased.....
- II. Maiden name, if applicable.....
- III. Date of birth (DD/MM/YYYY):.....
- IV. Last known address of the deceased
- V. Exact location/site where the deceased was/will be buried.....

3. If Death of Spouse of Policyholder, state details:

- I. Name of spouse.....
- II. Maiden name, if applicable.....
- III. Relationship.....
- IV. Date of birth (DD/MM/YYYY):.....
- V. Last known address of the deceased person.....
- VI. Exact location/site where the deceased was/will be buried.....

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. Declaration

I/We, hereby declare that the information and documents provided in respect of this claim 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 connection with this claim.

Claimant/Beneficiary:

.....
Name of (Authorized representative of the claimant/beneficiary)

.....
Signature
(Authorized representative of the claimant/beneficiary)

.....
Date

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