



CLAIM FORM



I, the undersigned, _____ give notice to **ZIMNAT LIFE ASSURANCE COMPANY LIMITED** of the death of your policyholder. In proof of claim I answer as follows:

No.	Description/Question	Answer
1.	Policy Number:	
2.	Name Of Deceased:	
3.	Date Of Death:	
4.	Place Of Death:	
5.	Principal Cause Of Death:	
6.	Residential Address At Death:	
7.	Occupation At The Time Of Death:	
8.	Did The Deceased Die By Suicide Or Because Of Violation Of Any Law?	

SUPPORT DOCUMENTS:

Required For Proof Of Death (either of the following):	<input checked="" type="checkbox"/>
Burial Order	<input type="checkbox"/>
Rural Deaths Letter from Headmaster/Headman/Chief	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>
Accidental Death - Police Report & Death Certificate	<input type="checkbox"/>

WARRANTY & BANK DETAILS:

I, the undersigned (full name of **Plan Beneficiary**) _____, do hereby warrant that the above particulars are true and correct in each and every respect.

PLAN BENEFICIARY BANK DETAILS:

Bank Account Name:	
Bank Name:	
Bank Address:	
Branch Name/Code:	
Account Number:	
IBAN/SWIFT CODE:	

PLAN BENEFICIARY CONTACT & ID DETAILS:

Home Telephone:	
Mobile Number:	
E-mail:	
National ID/Passport No: <i>(attach copy of original)</i>	

Dated at _____ this ____ day of _____ 20__

Signature of Plan Beneficiary: _____

As Witness

1. Full Name: _____ Signature _____
Address: _____
Contact No. _____

2. Full Name: _____ Signature _____
Address: _____
Contact No. _____

What Next?

You can submit the Claim Form and Support Documents in any of the following ways:

1. Physically drop the documents at any of the Zimnat Life Assurance or Diaspora Funeral Cash Plan Offices,
2. Fax the documents to: **+263 4 701184,**
3. Scan and email documents to: customercare@diasporafuneralcashplan.com, or
4. Upload documents on the plan-holder's Diaspora Funeral cash Plan account if you know the logins.

Need Help?

If you need any help please contact **Zimnat Life Claim Team** on the address below or any of the Diaspora Funeral Cash Plan Offices:

Zimnat Life Claims Department:

Zimnat House, Third Street & Nelson Mandela Ave, Harare, Zimbabwe
Tel: +263 4 701176-81