



Please use black pen and block letters. If you require any help in completing this form, please contact us on +267 398 1800.

1. Name of deceased

2. Address at occurrence of event

3. a On what date did Life Assured last attend to work

b Name and Address of employer

c Date of Death Death Certificate No.

4. Name and addresses of all physicians who attended Life Assured during his/her illness and during three years prior to claimed event

Names of Physician(s)	Consulting Addresses	Date of Attendance	Disease/Impairment
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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5. In what capacity or by what title are you submitting this claim?

Beneficiary Guardian Other(Please specify)

6. Name of the Funeral Parlour

Declaration

I/We undersigned am/are hereby submitting a claim in respect of the above mentioned policy(ies) to BONA LIFE INSURANCE (PTY) LTD and agree that a medical statement from the last physician(s) who attended to or treated the insured and any such other papers/documents/reports called for at the sole discretion of BONA LIFE INSURANCE (PTY) LTD shall constitute the necessary evidence as to the conditions leading to the death/disability. I/We further agree that the furnishing of this form, or any forms supplementary thereto by BONA LIFE INSURANCE (PTY) LTD shall not constitute nor be considered as an admission of the said claim. I/We further authorize any past doctor/hospital/laboratory/relevant institution/past and present employer(s) any insurance company to provide any information concerning the Life Assured's health, wellness and lifestyle habits to BONA LIFE INSURANCE (PTY) LTD.

Declaration (continued)

Date

Name of Claimant

Signature

I give Bona Life Insurance (Pty) Ltd ("Bona Life") consent to retain my personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.

Postal Address

Payable Amount

BWP

For Office Use Only

Prepared by

Signature

Reviewed by

Signature

Authorised by

Signature

Refund reference number

Payment Instructions

Please indicate the bank, the account number and branch that you would like Bona Life Insurance to use to make your payments for your refunds

Bank Name

Account Number

Branch

Comments

Address

Private Bag 001 AAD
Poso House, Gaborone
Botswana

Physical

Plot 54374, Unit 4A
Grand Union, CBD
Gaborone, Botswana

Telephone

+267 398 1800

Fax

+267 390 0282

Email

customerservice@bonalife.co.bw

Website

bonalife.co.bw