

SECTION E: RETRENCHMENT CLAIM

Name of Employer	<input type="text"/>		
Staff Number	<input type="text"/>		
Profession/Occupation	<input type="text"/>		
Date of Employment	<input type="text"/>	Date of Retrenchment:	<input type="text"/>
Reason for Retrenchment	<input type="text"/>		
Current Employer, if any	<input type="text"/>		

SECTION F: DECLARATION BY THE CLAIMANT

I declare that the statements that I have made are true. I agree that if they are found to be false I lose all my rights under the Policy and hereby authorise PRUDENTIAL and any of its representatives to make any enquiries and obtain any information considered relevant to this claim from any company, institution or third party.

Signature: _____ **Date:** _____

SECTION G: TO BE COMPLETED BY CREDIT PROVIDER

Credit Provider:	<input type="text"/>		
Loan Reference Number:	<input type="text"/>	Outstanding Loan Balance:	<input type="text"/>
Monthly Installment:	<input type="text"/>	Date of Last Installment Paid:	<input type="text"/>
Contact Person:	<input type="text"/>	Telephone No.	<input type="text"/>

CREDIT PROVIDER BANK DETAILS:

Account Name	<input type="text"/>		
Bank	<input type="text"/>		
Branch	<input type="text"/>	Account Number	<input type="text"/>

Signature & Stamp: _____ **Date:** _____

Claim Documentation:

- i) Death Certificate - Death Claims
- ii) Certified copy of Burial Permit - Last Expense Claims
- iii) Certified copy of Identity document of the insured - All Claims
- iv) Certified copy of Identity document of the claimant (if different from insured) - All Claims
- v) Loan amortization & repayment statement - All claims
- vi) Police Abstract / Post-Mortem Report - Accidental Death Claims
- vii) Medical Report - Disability Claims
- viii) Letter from the Employer & Certified copy of last Payslip - Retrenchment Claims

NB: PRUDENTIAL reserves the right to request for additional information that is necessary to process the claim.