BLIC

Switchboard: +267 321 6290 Email: claims@blic.co.bw
Plot 145, Unit 6 Gaborone International finance Park
P O Box 447 AAD Poso House Gaborone

GROUP FUNERAL SCHEME CLAIM FORM (INDIVIDUALS)

SCHEME NAME

GLA YES NO

CLAIMANT IDENTITY DETAILS

Please fill in block letters using black or blue ink.

Policy Number :

Title: Mr. Mrs. Ms. Dr Prof

Name(s):

Surname:

Date of Birth (DD/MM/YYYY): D D M M Y Y Y Y

ID / Passport No:

Nationality:

Postal Address:

Premium Amount (BWP):

SECTION A2: PROMINENT INFLUENTIAL PERSON (PIP) DECLARATION

In accordance with the Financial Intelligence Act, BLIC must identify if claimants are Prominent Influential Persons (PIPs).

Are you, or is any of your immediate family members or close associates, considered a Prominent Influential Person (PIP)? (e.g., Kgosi, Cabinet Minister, Senior Government Official, Senior Executive of a State-Owned Enterprise or Political Party).

YES NO

(If YES, BLIC is required by law to apply Enhanced Due Diligence measures to this claim).

SECTION B: DECEASED'S DETAILS

Main member Spouse Child Parent Extended Family member

Name of the Deceased:

Address at occurrence of event:

Date of Death: D D M M Y Y Y Y

Death Certificate Number:

In what capacity or by what title are you submitting this claim?

Beneficiary Guardian Member

Relationship to member:

Name of the Funeral Parlour:

Cover Amount:

SECTION C: PAYMENT INSTRUCTIONS

Please indicate the bank, the account number and branch that you would like Babereki Life Insurance Company to use to make your payments.

Account holder names:

Bank Name:

Branch Name:

Account Number:

Comments:

SECTION D: REQUIRED DOCUMENTS TO ATTACH WITH THIS CLAIM

To comply with AML/CFT regulations, please attach the following CERTIFIED documents:

- ☐ Claim form, which will be completed at Babereki Life Insurance Company Head Office.
- ☐ Certified death certificate and certified birth certificate for minors claim.
- ☐ A certified copy of the claimant's identity (Omang) and proof of age is required before any benefit is paid.
- ☐ Marriage certificate for spouse's claim where applicable
- ☐ Police report for accidental death occurring before waiting period elapses, or for suicide that happens after suicide waiting period has elapsed.

- [ ] An affidavit where necessary.
- [ ] Completed Babereki Life Insurance Company KYC Form for claimant including proof of residency.
- [ ] Proof of Bank Account for claimant
- [ ] Confirmation of employment letter or Affidavit.
- [ ] Recent payslip (3 months)

SECTION E: DECLARATION AND STATUTORY CONSENT

I/We undersigned am/are hereby submitting a claim in respect of the above mentioned policy(ies) to BABEREKI LIFE INSURANCE COMPANY (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 BABEREKI LIFE INSURANCE COMPANY (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 BABEREKI LIFE INSURANCE COMPANY (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) and any insurance company to provide any information concerning the Life Assured's health, wellness and lifestyle habits to BABEREKI LIFE INSURANCE COMPANY (PTY) LTD.

STATUTORY CONSENT, DATA PRIVACY, AND SANCTIONS SCREENING:

Pursuant to the Botswana Data Protection Act 2024, I hereby explicitly consent to Babereki Life Insurance Company (BLIC) collecting and processing my personal data and medical reports for the purpose of assessing this claim.

Furthermore, I acknowledge that in compliance with the Financial Intelligence Act 2022, BLIC is legally mandated to screen my details against national and international sanctions lists prior to the disbursement of any funds. I also acknowledge that BLIC is required by law to retain these claims and Customer Due Diligence (CDD) records for the statutory AML/CFT retention period (up to 20 years), which supersedes general data deletion requests under the Data Protection Act.

Name of Claimant:

Signature: Date: D D M M Y Y Y Y

Submitted by (Intermediary):

Signature: Date: D D M M Y Y Y Y

FOR OFFICE USE ONLY

ACTION	NAME	SIGNATURE	DATE
Recieved by			
Checked by			

The form can be emailed to **claims@blic.co.bw** or call 3321290 for further clarity

BLIC STAMPS