Enhanced Mutual Insurance

FUNERAL CLAIM FORM

We're sorry for your loss. Please complete this form and attach a copy of the death certificate and the claimant's national ID. Our claims team aims to respond within 2 business days of receiving a complete claim.

1. Policy Details

Policy number

Policyholder full name

2. Deceased Details

Full name of deceased

Date of death

Relationship to policyholder

Cause of death

3. Claimant Details

Claimant full name

Relationship to deceased

Phone number

National ID number

Mobile money / bank account for payout

4. Documents Attached

■ Certified copy of death certificate ■ Claimant's national ID ■ Original policy document (if available)

5. Declaration

I declare that the information provided in this claim form is true and accurate. I understand that a false claim may be reported and may affect future cover.

Claimant signature

Date