

Credit Shield Claim Form

For Total Disability Benefit under Group Life Scheme

1. Title of Group Assurance Scheme (Official use)	
2. Group Assurance Policy No. (Official use)	
3. Policy Inception Date (Official use)	
4. Policy Expiry Date	
5. (a) Disabled Member's Full Name	
(b) Address at Disablement	
(c) Occupation	
(d) Date of Birth	
6. (a) Date on which the deceased first became a Member of the scheme	/ /
(b) Date on which the deceased was last actively working full time for the Employer	/ /
(c) Was the deceased a Member of the Scheme on the date of death? Yes - No	
7. (a) Date of Death	
(b) Place of Death	
(c) Cause of Death	
Amount of Death Benefit Of deceased Member under the Scheme	

Policy Holder's Signature & Date

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4. Policy Expiry Date	
5. (a) Disabled Member's Full Name	
(b) Address at Disablement	
(c) Occupation	
(d) Date of Birth	
6. (a) Date on which the disabled first became a Member of the scheme	/ /
(b) Date on which the disabled was last actively working full time for the Employer	/ /
(c) Was the disabled a Member of the Scheme at the date of disablement? Yes - No	
7. (a) Date of Disablement	
(b) Place of Disablement	
(c) Cause of Disablement	
8. Amount of Disability Benefit Of disabled Member under the Scheme	

Policy Holder's Signature & Date

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