

ECOSURE VAYA - DEATH CLAIM FORM



Please accept our condolences on your recent loss of your beloved. We realize that this is a difficult time and we will do our best to make sure that the appropriate assistance and service is provided to expedite the process.

1. Please specify claim type

Policy Type	Policy Number		
Individual			
Burial Society/Corporate name			
Select required service	<input type="checkbox"/> Bus Services	<input type="checkbox"/> Logistics	<input type="checkbox"/> Cash in lieu

2. Deceased Details

Full Name	
Date of Birth	
Date of death	
ID number	
Place of Burial	
Date of Burial	

3. Details of claimant

Full Name	
ID number	
Mobile Number	
Relationship to deceased	
Address	
Signature	
Name and Mobile number for EcoSure Beneficiary	

4. Logistics Details

Address (Where mourners will be picked.)	
Pick up time	
Grave Site	
Drop off Time	

5. Kindly attach the following documents

- Claimant's ID