



The Monarch Insurance

A friend for life.

CLAIM FORM: FUNERAL PLAN

Policy underwritten by The Monarch Insurance Company Limited, an authorised long-term insurer

Policy Number: (required)

MAIN MEMBER

Surname First Names

ID Number Email

Home Number Mobile Number

Employee Name Employee Tel. Number

BENEFICIARY DETAILS (if not a main member)

Surname First Names

ID Number Email

Home Number Mobile Number

Employee Name Employee Tel. Number

DETAILS OF DECEASED MEMBER/S

Member/s being claimed for:

Surname	First Names	ID Number/Date of Birth	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following documents are required to claim:

- Certified copy of main member's ID
- Certified copy of beneficiary's ID (if deceased is the main member)
- Certified copy of deceased member's ID (or children's birth certificate)
- Burial Permit
- Police Report for accidental death

I declare that the information provided is true and correct

Claimant Signature

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company. Penalties include imprisonment, fines and denial of the insurance benefit