

# Botswana Life Insurance Limited



## FAMILY COMMUTER COVER CLAIM FORM

### Policy Details

Policy Owner Name		
Policy Number	Date of Commencement	
Current Address		

### Claim Details

Name of injured / deceased	
Relationship to Policy Owner	
Date of Accident	
Name of Driver	
Age of Driver	

### Claim Requirements. Please attach:

### Comment

Identity document of the policy owner	
Identity Document of the deceased / injured.	
Death Certificate / Notification	
Police Accident Report	
Driver's License if policy owner / beneficiary was driver.	
Doctors Report	

### Declaration By Policy Owner

I, the undersigned, hereby declare that the above particulars are true in every respect and made without reservation. I further irrevocably authorize any doctor or person who has information about the accident to disclose such information to Botswana Life Insurance Co. Limited, and agree that this authority shall remain in force until my death:

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

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Signature of Policy Owner