

TERM LIFE INSURANCE CLAIM FORM

INSURED’S EMPLOYER OR GROUP:

EMPLOYER OR GROUP NAME:	UNIVERSITY OF THE SOUTH PACIFIC
POLICY NUMBER:	

INSURED’S DETAILS:

Primary Insured Name:	
Postal Address:	
Email Address:	
TIN/FNPF/EDP/Employee No:	
Phone Contact:	
Name of Deceased (Insured Life)	
Date Deceased	
Cause of Death	
Name of Beneficiary:	
Relationship to the Insured:	

BANK ACCOUNT DETAILS

All claims payment will be credited directly to your bank account Bank name (eg. ANZ, WBC, BSP, HFC, Bred Bank and Bank Of Baroda:

BANK NAME:	
BRANCH:	
BANK ACCOUNT HOLDER’S NAME:	
BANK ACCOUNT NUMBER:	

SIGNED:

DATE:

Suva Office: Level 2, 231 Waimanu Road,
PO Box 14468, Suva.
Phone: 3311055 Fax: 3303475

Credit Corporation House, Nadi
PO Box 2311, Nadi.
Phone 6701451 Fax:6701221