



MICRO INSURANCE CLAIM FORM

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

Full Name of the Insured Person: _____

Residential Address: _____ Date of Birth: _____

EDP No. / Social Welfare No/ TIN No.: _____

Employers/ Department Name/ Address: _____

Date of Loss: _____ Cause of Loss: _____

Type of Claim (Please tick):-

Funeral	Term Life	Personal Accident	Fire
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IMPORTANT:

To ensure speedy handling of your claim, please go through this list and ensure everything that is required has been submitted **with this Claim Form** to FijiCare Insurance Limited.

<p>Funeral and Term Life</p> <ul style="list-style-type: none"> i) Copy of 'Medical Cause of Death' certificate. ii) Original or certified copy of birth certificate of the deceased iii) Original or certified copy of birth certificate of claimant. iv) Certified copy of Photo-ID of the claimant & deceased. v) COVID-19 vaccination card of the deceased. vi) Letter from Employer (confirmation of employment)/ Reference letter (for social welfare recipients). vii) Any other applicable documents to prove claimant's relationship to deceased (<i>marriage certificate/ adoption papers, etc.</i>) viii) Statutory declaration (to verify any differences in names, etc.) ix) Nomination Form (if applicable). x) Original or certified copy of death certificate (required for term life). 	<p>Personal Accident</p> <ul style="list-style-type: none"> i) Original or certified copy of birth certificate. ii) Photo ID of claimant. iii) Medical Report from a specialist medical practitioner. iv) Letter from Employer/ Reference Letter. <hr/> <p>Fire</p> <ul style="list-style-type: none"> i) Original or certified copy of birth certificate. ii) Photo ID of Claimant. iii) Police and/or National Fire Authority report. iv) Letter from Employer/ Reference Letter.
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Name of Claimant: _____ Phone: _____

Bank Details of the Claimant to whom the benefits will be paid (*Please provide Bank Statement*)

Bank Name and address	
Account Name	
Account Number	

DECLARATION

I hereby declare that I have in no manner caused the said loss or by fraud or willful misrepresentation sought unjustly to benefit hereby, and I make solemn declaration conscientiously believing the same to be true and by virtue of the provision of rendering persons making a false declaration for willful and corrupt perjury.

Signature of Claimant: _____ Date: _____

Contact: Micro Insurance Team

Mobile: +679 9991773

Email: microinsurance@fijicare.com.fj

"better health for Fiji"