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Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

Policy Number								Processed by/Date						Representative Information (Representative Number)						

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

Policy Number		Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name		Surname								
Telephone Number		Cellphone Number								
E-mail Address										
Postal Address										

First Name		Date of Birth	D	D	M	M	Y	Y	Y	Y
Surname		Diagnosis								

[illegible]

INTERNATIONAL CLAIM FORM



PROSPERITY
LIFE

Section C 2 - Claim Type

Hollard Claim		International Claim		
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Section D - Documentation

Hollard decline letter if applicable		Certified ID / Passport of main Policyholder	
Detailed Claims		Proof of payment	

Section E - Declaration

Signature		Date	D	D	M	M	Y	Y	Y	Y
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1. For Office Use - Client Service Department (Claim(s) Investigated and prepared by:)

Incident Number									FIA Verified	YES		NO		
Consultant Name														
Date	D	D	M	M	Y	Y	Y	Y	Signature					

2. For Office Use - Finance Department

Conversion done by										
Converted Amount In N\$										
Date	D	D	M	M	Y	Y	Y	Y	Signature	

3. For Office Use - Claims Department

Assessing done by										
Date	D	D	M	M	Y	Y	Y	Y	Signature	

4. For Office Use - Special Authorisation

Name										
Date	D	D	M	M	Y	Y	Y	Y	Signature	