DIASPORA INSURANCE
Peace Of Mind, Guaranteed!
T: +44 121 295 1116 | M: +44 770 3838 304 | Authorised & Regulated By FCA, UK: 795897 | Underwriter By: GuardRisk | Re-Insured By: Africa Re & FM Re
DiasporaInsurance.com

DFCP FUNERAL CLAIMANT'S CERTIFICATE

Complete and accurate information must be given in this Certificate and make sure that you are not committing a crime by providing wrong/false information. Diaspora Insurance ('The Company') reserves the right to request additional support documents, verify the authenticity of all submitted documents, report to Police for prosecution of any fraudulent claims which is a criminal offence.

I, the undersigned *(insert full name);* _____
give notice to Diaspora Insurance of the death of the below detailed covered individual.
In proof of claim I answer as follows:

SECTION A: DECEASED & CLAIMANT'S DETAILS:

No.:	Details	Fill In:
DECEASED:		
1.	**Policy Number:**	
2.	**Full Name of Deceased:**	Title: _____ First Name: _____ Middle Name/s: _____ Surname: _____
3.	**Deceased's full residential address at death:**	

4.	**Deceased's Other Details** **Deceased's Other Details**	ID/Passport Number: _____ Date Of Birth: _____ Date of Death: _____ Place of Death: _____ Occupation at the time of Death: _____ Known date of start of illness: _____ Duration of last illness: _____ Principal cause of Death: _____
5.	**Did the deceased die by Suicide or because of violation of any law?**	**Yes**/**No**: _____ If **Yes,** give details:
6.	**Deceased's Relationship to the Policyholder:**	
CLAIMANT:		
7.	**Claimant's Relationship to the Deceased:**	
8.	**If you are not the Policyholder, state in what capacity you are making this claim:**	

SECTION B: HOSPITAL/HOME/HOSPICE/PARLOUR HOLDING THE DECEASED'S BODY:

No.:	Details:	Fill In:
1.	**Name of Hospital / Home / Hospice / Parlor:**	

2	**Physical Address:**		
3.	**Contact Person:**		
4.	**Contact Details:**	**Mob:**	
		Office Tel:	
		eMail:	
		Web:	

SECTION C: BANK DETAILS FOR CLAIM SETTLEMENT:

No.:	Details:	Fill In:
1.	**Bank Account Name:**	
2.	**Bank Name:**	
3.	**Bank Address:**	
4.	**Branch Name/Code:**	
5.	**Account Number:**	
6.	**BIC:**	
7.	**IBAN/SWIFT CODE:**	
8.	**Any Other Benefit Disbursement Instructions:**	

SECTION D: SUBMITTED SUPPORT DOCUMENTS

No.:	Document/Details:	*Tick* ☑
1.	**Burial Order (for pre-burial funeral claims):**	
2.	**Death Certificate:**	
3.	**Police Report (if cause of death is accidental):**	
4.	**ID/Passport of Deceased:**	
5.	**Policy Document:**	
6.	**Proof of Identity of Claimant:**	
7.	**Proof Of Address of Claimant:**	
8	**Other, specify:**	

CLAIMANT DECLARATION & WARRANTY

1. I do hereby declare and warrant that the above particulars and support documents are genuine, true and correct in each and every respect.
2. In the event that this benefit is paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action by me, I fully understand that I shall be required to repay or

return the benefit and that the Company shall be entitled to report the crime to the police and institute legal proceedings to recover the benefit and any costs incurred.

Dated at _____ this _____ day of _____ 20 _____

Signature of Claimant: _____ Passport/ID No. _____

Full Name: _____

Address: _____

_____

Tel Number: _____ eMail: _____

What Next?

You can submit the Claim Form and Support Documents in any of the following ways:

1. Physically drop the documents at any of the Diaspora Insurance offices,
2. Take and WhatsApp balanced pictures of the documents to: **+44 770 3838 304,**
3. Scan and email documents to: **customercare@diasporainsurance.com, or**
4. Upload documents on the plan-holder's Diaspora Insurance account if you know the logins.

Need Help?

If you need any help, please contact **Diaspora Insurance – DFCP Claims Team** on the following numbers: **Mob/WhatsApp: +44 770 3838 304 | Office Tel.: +44 121 295 1116 or**