



## 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.

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

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](mailto:microinsurance@fijicare.com.fj)

***"better health for Fiji"***

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