



Legal Expenses Accidental Death Claim Form

The Fields Precinct, Plot 54349, Office Block B, First Floor,
Left Wing, Corner of Molepolole Rd and Western Commercial Rd,
Central Business District, Gaborone.
Private Bag 00489, Gaborone, Botswana.
Tel +267 395 1560/395 1578, Fax +267 395 1627
botswana@legalwise.co.bw, www.legalwise.co.bw

NB. Please attach the following documents:

- > Certified copy of the Death Certificate of the main Member.
- > Certified copy of the Nominated Beneficiary's ID or Passport.
- > Letter of Executorship, if the Deceased did not nominate a Beneficiary.
- > Certified copy of the ID document of the deceased Main Member.
- > Nominated Beneficiary / Executor's Bank Statement / letter.
- > Notice of Death Form.
- > Post mortem / inquest report where applicable.
- > Police Declaration Form.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Particulars of Deceased

LegalWise Membership No																			
Surname													Title						
First Name/s																			
ID No											Date of Birth	Y	Y	Y	Y	M	M	D	D
Date of Death	Y	Y	Y	Y	M	M	D	D											
Name of Doctor who certified Death																			
Practice No																			
Doctor Address																			
Doctor Tel No										Doctor Cell No									

If the claimant is the Nominated Beneficiary, complete section 2 and 4.

If the claimant is the Executor, complete section 3 and 4.

2. Particulars of Nominated Beneficiary

Surname													Title						
First Name/s																			
ID No											Date of Birth	Y	Y	Y	Y	M	M	D	D
Postal Address																			
													Postal Code						
Residential Address																			
													Postal Code						
Tel Home										Tel Work									
Cell No																			
E-Mail																			

3. Executor's details

Surname	<input type="text"/>	Title	<input type="text"/>
First Name/s	<input type="text"/>		
ID No	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Firm Name	<input type="text"/>		
Estate No	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Business Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Tel Home	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel Work	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cell No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
E-Mail	<input type="text"/>		

4. Bank details (please attach proof of banking details of the Nominated Beneficiary/Executor)

Name of Account Holder	<input type="text"/>	
Name of Bank	<input type="text"/>	
Account No	<input type="text"/>	
Branch Name	<input type="text"/>	Branch Code <input type="text"/>
Account Type	<input type="text"/>	

5. Cause of Death

Describe the cause of death:

<input type="text"/>

Leza LegalWise Botswana are committed to protecting your privacy. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration and further maintenance of your insurance product/s. You confirm that the consent provided to us, is given on behalf of yourself, your minor dependents or any other Person to be added to your Membership, where you acknowledge and warrant that you have their permission to give such consent.

You are also consenting that Leza LegalWise Botswana may use your information to contact you regarding changes or updates about your insurance product/s and that Leza LegalWise Botswana may use your information in improving our product offering. If you do not want to receive any future product or service offerings from Leza LegalWise Botswana, then inform Us by contacting Member Administration on +267 395 1560.

I, the undersigned, confirm that all the details provided are correct. Further, I consent to my information being used for the purposes of Leza LegalWise Botswana related services only.

Claimant's Signature

<input type="text"/>

Date

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
