

**Consolidated Provider Plus 10% Risk  
Premium Claim Checklist**



POLICY NO: .....

**1. Documentation Submitted**

- Original Policy Holder's Identity Document (**Valid**)
- Proof of Premium Payment (**Current**)
- Policy Document

**2. Details of Life Insured**

- 2.1 Full Names .....
- 2.2 Passport No/ID .....
- 2.3 Telephone Number .....
- 2.4 Date of Claim .....
- 2.5 Issue Date of Policy .....

Bank: .....

Account Number: .....

Signature: ..... Date: .....