

**PAYMENT PROTECTION
– CLAIM FORM**

**TO BE COMPLETED BY
CLAIMANT**

Loan ID:

Requirements for Processing a Claim:

1. Copy of Identification Card of the Insured

2. Supporting Documentation per Claim Type Listed Below:

Death: Certified Copy of Death Certificate, Burial Certificate or Medical Certificate.
In the event of an accidental death, a police report is required.
Copy of Identification Card of the Nominated Beneficiary.

Disability: Certified Copy of Doctors / Medical Certificate.

Critical Illness: Certified Copy of Doctors / Medical Certificate.

Involuntary Loss of Employment: Initial Claim:

- Letter from Employer.
- Latest salary slip
- Bank statements for the last 2 months – month prior & post Loss of Employment.

For Each Month the Insured Remains Unemployed:

- Bank statement for the month
- Affidavit declaring as such

Full Name of Insured:

Identity Number:

Claim Type:

Date of Loss:

Any additional information or comments regarding this claim: _____

Signature of Claimant: _____ Date: _____

AFFIDAVIT OF INVOLUNTARY LOSS OF EMPLOYMENT

I, _____ of _____, _____ in the State of St.

Lucia, after having been sworn in accordance with the law, hereby dispose and state that:

1. I am the legitimate holder of Identification/ Driver's License/ Passport/ Social Security Number _____ :

2. I was an employee of _____ with office address at _____ from _____ to _____ :

3. I was laid off from my employment effective _____ :

4. I am executing this affidavit to attest to the truth and accuracy of the foregoing statements and to support my application for the benefits of involuntary loss of employment.

Declared to before me)
CLIENT NAME
at Castries this _____)
day of _____ 2021)

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NOTARY ROYAL