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# STATEMENT OF CREDITOR'S CLAIM FORM

GROUP POLICY NO. \_\_\_\_\_

Name of deceased: \_\_\_\_\_ Age: \_\_\_\_\_ Date of death: \_\_\_\_\_ (mm/dd/yy)

Address: \_\_\_\_\_

At the time of death, the deceased was indebted to the undersigned creditor in the sum of:

\_\_\_\_\_  
*(please write in words, not figures)*

and under the term of said policy was insured for the amount of such indebtedness.

The following are the particulars of the transaction under which this claim arises:

Date of loan note or other evidence of indebtedness	Amount of loan note or other evidence of indebtedness	Date of first payment of indebtedness	Total amount of instalments repaid before death	Balance of debt outstanding at death
_____	_____	_____	_____	_____
		_____		<b>Less unearned interest</b>
		mm/dd/yy		=====
_____	Amount	Regular monthly payments	No. of payments	Amount paid
dd/mm/yy				<b>Amount of claim</b>
				=====

Were loan repayments in default at death?  Yes  No

If **Yes**, state length of time and amount: \_\_\_\_\_

Number of instalments waived by the bank: \_\_\_\_\_

*(please complete declaration for the above answers on next page)*

