



Registered Office
Beacon House
White Park Road
St. Michael, Barbados
(t) +1 246 436 6200, 436 5001/2/3
(f) +1 246 436 9587
barbados@beacon.co.tt
beacon.co.tt

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
_____	_____	_____	_____	_____
		_____		Less unearned interest
		mm/dd/yy		=====
_____	Amount	Regular monthly payments	No. of payments	Amount paid
dd/mm/yy				Amount of claim
				=====

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)

Declaration

I/we the undersigned do hereby declare that the particulars supplied in this form are true to the best of our knowledge.

Signature: _____ **Date:** _____ (mm/dd/yy)

Please have the physician's statement below completed or attach copy of death certificate.

Physician's statement

- 1. Full name of deceased: _____
- 2. Date of death: _____ (mm/dd/yy) 3. Place of death: _____
- 4. Age at death or date of birth: _____ (mm/dd/yy)
- 5. (a) Disease or condition directly leading to death: _____
(b) Antecedent cause, if any: _____
- 6. Date last illness began: _____ (mm/dd/yy)
- 7. Date of first attendance in last illness: _____ (mm/dd/yy)
- 8. If death was due to accident, suicide or homicide, specify which and describe briefly below.
 Accident **Suicide** **Homicide** **Not applicable**

Signature: _____ Date: _____ (mm/dd/yy)

Address: _____
