M A C O S C L E
RISK MANAGEMENT SCHEME
GROUP SHARE / SAVINGS BONIFICATION,
LOAN PROTECTION AND FUNERAL BENEFIT SCHEME.

CLAIM STATEMENT

PART I	DECEASED / DISABLED MEMBER'S PARTICULARS

TICK AS APPROPRIATE

NATURAL DEATH ☐ **ACCIDENTAL DEATH** ☐ **TOTAL AND PERMANENT DISABILITY** ☐

SURNAME: - …… **PRENAME (S): - ……**

ADDRESS: - ……

DATE OF BIRTH: - ……. DATE OF DEATH / DISABILITY ……. AGE: - …….

CAUSE OF DEATH OR DISABILITY: - ……

PART II	SHARE / SAVINGS BONIFICATION CLAIM

Was death or disablement due to accident?

Yes ☐ **No** ☐ **- If yes insert Date of accident …….**

Member's Shares / Savings balance as at date of death or Permanent Disability: - Rs. ……

PART III	LOAN PROTECTION CLAIM

Member's unpaid Loans are as follows: -

DATE GRANTED of normal loan		AMOUNT GRANTED	PRINCIPAL BALANCE DUE
1.			
DATE LOAN GRANTED for other schemes (*)		**AMOUNT GRANTED**	**PRINCIPAL BALANCE DUE**
1.			

PART IV	DOCUMENTATION

NATURE OF CLAIM (Tick as appropriate) ⟶	Natural Death		Accidental Death		Permanent Disability	

DOCUMENTS SUBMITTED HEREWITH (Tick in appropriate boxes) (To be filled by Credit Union)	RECEIVED AT MACOSCLE (To be filled by MACOSCLE)
1. Claim Statement (Original)	
2. Birth Certificate of deceased / disabled member (Photocopy)	
3. Death Certificate of Member (Photocopy)	
4. Application for Loan (Photocopy)	
5. Pro – Note (Photocopy)	
6. Shares / Loans Ledger (Photocopy)	

Please turn over ⟶

7.	Cause of death Certificate compulsory (Police Report in case of Accidental Death and other than Natural Death)		
8.	Medical Certificate from Government Medical Officer (In case of Permanent Disability)		

Documents 4, 5, 6 and any additional document warranted by MACOSCLE should be certified by the Internal Controller of your Credit Union.

NOTE: - Failure to submit the required documents could delay payment.

PART V	**CERTIFICATION**

NAME OF CREDIT UNION	
ADDRESS	
AGREEMENT NO.	
TELEPHONE NO.	

We hereby certify that to the best of our knowledge the above information is true and correct.

SIGNATURE OF SECRETARY: - _____ SIGNATURE OF PRESIDENT: - _____

NAME: - _____ NAME: - _____

DATE: - _____ SEAL OF SOCIETY

(*) Other Schemes means (1) Educational
(2) Health