



CLICO International Life Insurance Limited

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UNDER JUDICIAL MANAGEMENT

PRIVATE & CONFIDENTIAL

APPENDIX A

CIL Grenada Branch – Small Claims Distribution of Funds

Dear Policyholder,

Please refer to the below calculations, detailing the amount due on your claim:

Statement of Payment Due

CLIENT DETAILS

Date of Birth:

Address:

Date of Death (where applicable):

POLICY DETAILS

Policy #:

Policy Type/Description:

Policy Issue Date:

Valuation Date /Date of Review:

Policy Status at Valuation Date:

Policy Termination Date:

Documents Required to Validate Claims:

Name of Beneficiary/ies (For Death Claims ONLY):

Relationship

Policyholder Name

As part of CIL's small claims settlement process, **all approved claims between \$50 and \$1,000 will be paid in full.**

Distribution Payable	
Policy Value at «Termination_Date»	
Rate applied for distribution settlement	100%
SETTLEMENT AMOUNT	

Acknowledgment and Confirmation

By signing below, I confirm that I understand and accept the settlement terms provided. I acknowledge that the payment represents the full and final settlement, and no further claims or payments will be due in respect of this policy.

Dated at _____

This _____ day of _____, 20_____

Policyholder Name: _____ **ID #:** _____

Signature of Policyholder: _____

Witnessed by: _____ **Date:** _____