

FUNERAL CLAIM FORM



Telephone Number:	Fax Number:	E-mail:
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Group Name:	Employee Number:
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Note: The issuing of this form is not tantamount to acceptance of the claim. This underwriter will verify all deaths with the Department of Home Affairs.

A. DETAILS OF MEMBER / POLICY HOLDER

Initials:	Surname:	ID Number	Y	Y	M	M	D	D										
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Full Names:	Marital Status:
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Contact Details:

B. DETAILS OF DECEASED

Initials:	Surname:	ID Number	Y	Y	M	M	D	D										
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Full Names:

Date of Birth	Y	Y	Y	Y	M	M	D	D										
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Date of Death	Y	Y	Y	Y	M	M	D	D										
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Cause of Death:	Natural Causes	Unnatural Causes
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If Unnatural - Please Specify the Exact Cause of Death:

Relationship to Member:

C. DETAILS OF BENECIARY / CLAIMANT

Initials:	Surname:	ID Number	Y	Y	M	M	D	D										
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Full Names:	Relationship to Deceased:
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Siyavika Risk Solutions (Pty) Ltd will transfer the proceeds of this claim into your bank account directly. Please provide details below:

Name of Account Holder:

Name of Bank:

Account Number:

Type of Account:	CHEQUE	SAVINGS	TRANSMISSION
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Branch Name:

Branch Code:

D. DECLARATION BY BENEFICIARY / CLAIMANT

I, the undersigned warrant that I am legally entitled to receive the proceeds of this funeral claim and that the estate is solvent and has not been ceded, sequestrated or estranged in any way. I hereby declare the foregoing particulars are true in every respect and made without reservation.

Signed at (place) :	Date:
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Signature of Beneficiary / Claimant :

Signature of Person Submitting the Claim:	Date:
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Company Stamp:	COMPANY STAMP
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SUPPORTING DOCUMENTATION FOR FUNERAL CLAIM

Please ensure that the following legible certified documents are attached : (Please tick box)

	A copy of original application form / policy certificate
	A certified copy of the Deceased's ID document
	A certified copy of the Death Certificate
	A certified copy of Beneficiaries / Claimants ID document
	In case of funds being paid to a 3rd party - attach Affidavit, certified copy of ID Document and Bank Details
	A copy of Newest Payslip
	A Bank Statement / Letter to verify Banking Details of Claimant
	Police Report / Accident Report / Post Mortem Report in case of Unnatural Death
	Medical Report/s in case of disability
	A copy of BI -1663 must be attached
	Copy of Marriage Certificate / Confirmation of Customary Union / Lobola Letter / Letter from Tribal Chief - If the Surname of the Spouse / Common Law Wife is different
	Copy of Birth Certificate / Adoption Papers reflecting Parent details if Surname of Children is different
	In case of Still-Born - Clinic Card or Letter from Hospital to verify term (weeks) of pregnancy
	Where the Deceased is a Child over the age of 21 years, and Registered as a Student, a certificate / letter signed by the Educational Institution that the Child attended until date of death, stating that the Child was a full-time Student

Any additional documentation / evidence that may be required by the Insurer