



CLAIM NOTIFICATION FORM

POLICY HOLDER DETAILS

POLICYHOLDER	
MEMBER GROUP NUMBER	
SCHEME NUMBER	
PRINCIPAL MEMBER NAME	

DECEASED

Name of the deceased: _____

ID no. of the deceased: _____

Date of death: _____ Age at death: _____

Relationship of Deceased to the Principal member: _____

SETTLEMENT OF BENEFIT

Cheque **Electronic Funds Transfer**

Cheque		Electronic Funds Transfer	
Payable to:		Bank Account Holder:	
Relationship to deceased		Bank Name:	
Cheque will be collected by		Branch Name:	
It is important that the Beneficiary presents their original Identity Document (South African Citizen) or Passport (foreign national) when collecting a cheque from any Safrican Offices. Drivers licence Cards will not be accepted.		Bank Account Number:	
		Branch Code:	

ADDRESSES FOR SENDING ALL CLAIM CORRESPONDENCE COMPANY STAMP

Postal Address: _____

_____ Code _____

Fax: () _____ E-mail: _____

Tel: () _____ Date: _____



Name and Signature of the Policyholder/ Claimant: _____
 _____ Designation _____

CLAIMS STAGE AUTHORITY IN RESPECT OF THIRD PARTY (WHERE APPLICABLE)

Date: _____

Policy Number: _____

Principal Member Name: _____

ID number: _____

I, _____, with ID number
_____ hereby confirm that I am the policyholder

and / or a family of the deceased _____

with ID number _____, and he/she is
my _____

(relation).

I hereby direct Safrican Insurance Company to pay the benefit in the amount of R _____

(amount in words) _____

from this funeral policy to _____

in order that the funeral arrangements can proceed. I also confirm that I am duly authorised
to sign this authority.

I further indemnify Safrican against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Safrican and/or the payment by Safrican to the above named person of the above mentioned amount or part thereof in respect of the applicable policy benefit.

Signature

Contact details of person giving the authority:

Tel (H): _____ Tel (W): _____

Cell: _____

Address: _____

(For claiming purposes post, fax or e-mail pages 1 and 2 only – see page 4 for Contact details)

Safrican Insurance Company Limited. An authorized Financial Services Provider (FSP No.15123)
DOCUMENTATION TO BE SUBMITTED WITH
THE CLAIM NOTIFICATION FORM

1. **Proof of Death:**

- (BI-5) Original computer produced or faxed certified copy of Death Certificate, for all people with a valid South African Identification Document or who are registered on the South African population register –

or

- (BI-18) Original or faxed certified copy of unabridged Death Certificate

or

- (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents, or in respect of all people not registered on the South African population register.

2. Copy of the Notification of death (BI-1663).

3. Certified copy of Principal Member's Identification Document for South African citizens or Passport for foreign nationals.

4. Certified copy of deceased's Identity Document for South African citizens or Passport for foreign nationals.

5. Certified copy of claimant's Identity Document.

6. Copy of Principal Member's most recent payslip (for the pay period immediately prior to death or month in which the death occurred (Employer Plans only).

7. Copy of Principal Member's application form.

8. Copy of the beneficiary's bank statement reflecting Bank name, account number and account holder's details.

2. **Supporting documents in respect of:**

The child has attained age 22 (twenty two) years but has not yet attained age 26 (twenty six) and is a full-time student, the following must be submitted:

- Confirmation satisfactory to Safrican (last academic report from a recognised educational institution), to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.

Children who are mentally retarded or totally and permanently disabled (as determined by Safrican), before age 22 years, who are unable to care for themselves, any **one** of

the following must be submitted:

- Confirmation satisfactory to Safrican of a State Disability Grant
- Medical Aid application of Principal Member
- Medical Report

An illegitimate / adopted child, the following must be submitted:

- proof of such illegitimacy or adoption must be attached.

Surname of deceased (Spouse or Child) is different to that of the Principal Member submitted:

An explanation for the difference in surname and submit the following supporting documents.

Affidavits are not accepted for children over 1 (one) year old.

In respect of the surname difference of a Spouse, any 2 (two) of the following:

- Marriage Certificate
- Letter from Tribal Chief, signed and stamped.
- Company Beneficiary Nomination Form. The document must have been completed at least 6 (six) months prior to death (Employer Plans only).
- Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit).
- Medical Aid card reflecting dependants' details.
- Any legal policy document where the Spouse has been nominated at least 6 (six) months prior to death.

In respect of the difference of surname of a Child - any 2 (two) of the following:

- Birth Certificate reflecting both parent details (BI-19)
- Adoption papers.
- Baptismal Certificate reflecting both parent details (for Eligible Children age 5 years and younger).
- Marriage Certificate and Birth Registration in respect of Stepchildren
- Medical Aid Membership card reflecting the Eligible Child's details.

In respect of claim stage authority in respect of a third party

- A certified copy of the identity document of the principal member or of the beneficiary/next-of-kin (in the event of the principal member's death),
- A certified copy of the identity document of the funeral parlour owner, and bank statement of the funeral parlour, must be attached with this authority.

Safrican reserves the right to verify the authenticity of any authority given. Accordingly, the authority will only be effective once Safrican has satisfied itself that such authority is valid. No claims will be paid unless we have confirmed that the authority is in fact valid.

Please be warned: knowingly completing any part of this authority with false information constitutes fraud which is a criminal offence and will invalidate any claim.

3. **Please note that all persons insured under the policy must be related to the Principal Member and/or policy payer, and the Principal Member and/or policy payer must have an insurable interest in all insured persons under the policy.**

4. **Retrenchment (if applicable):**

On retrenchment, the Principal Member will be issued with a Retrenchment Certificate indicating period of cover.

- This certificate must be submitted when a claim is lodged.

5. **Accidental Death Benefit:**

In respect of an Accidental Death Claim, together with the documentation as required for the category of a Principal Member, Spouse, Child and/or other dependant, submit the following:

- Medical report from a medical specialist; and/or
- Police report must be submitted, clearly indicating how, where and when the bodily injury was sustained(**compulsory**).

6. **Paid –up Benefit (if applicable)**

A claim is in respect of a Paid-up Benefit, the following must be submitted:

- Paid-up Certificate number
- List of eligible dependants of the Principal Member under the fund indicated as follows:

Relationship	Name and Surname	Identity Number	
Spouse			
Children	Name and Surname	Identity Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

7. The Beneficiary of a claim collecting a benefit cheque must produce Identification.

Documentation submitted, other than those requested, will not be accepted.

Only Proof of Death stamped with the Official Home Affairs stamp, with the number in black, will be accepted.

Certified Documents:

Name, signature, organisation, date, address and telephone details must be clearly indicated on documents certified by a Commissioner of Oaths.

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess the claim.

Contact Information for submission of claims:

No	Branch	Postal Address	Telephone	Fax	E-mail
1.	Head Office	PO Box 616, Johannesburg, 2000	(011) 778 000	(011) 778 8182 / 086 677 3224	safclaims@safrican.co.za
2.	Cape Town	PO Box 4924, Cape Town, 8000	(021) 419 0090	(021) 421 0104	safclaims@safrican.co.za
3.	Port Elizabeth	PO Box 3036 Newtown Park, 6055	(041) 451 0823	(041) 451 0785	safclaims@safrican.co.za
4.	Durban	PO Box 5008, Durban, 4000	(031) 305 1800	(031) 304 3738	safclaims@safrican.co.za
5.	Pietermaritzburg	PO Box 5008, Durban, 4000	(033) 345 5493	(033) 345 3863	safclaims@safrican.co.za
6.	Bloemfontein	PO Box 100962, Brandhof, 9324	(051) 430 1201	(051) 430 1206	safclaims@safrican.co.za
7.	Polokwane	PO Box 1021, Polokwane, 0070	(015) 291 3358	(015) 291 3336	safclaims@safrican.co.za