

FUNERAL CLAIM FORM



To claim, please complete this form and send it back to us by email, or hand it in at your nearest Safrican Client Services.
Our contact details are:

Physical address Safrican House 21 9th Street Houghton Estate 2198
Email service@safrikan.co.za
Telephone 010 880 5055

Attach the following documents to the completed claim form:

1. Proof of identity for the claimant (copy of ID or copy of birth certificate or copy of passport)
2. Proof of identity for the deceased (copy of ID or copy of birth certificate or copy of passport)
3. Proof of banking details only if proceeds are to be transferred to an account different from premium collection account
4. Copy of death certificate of the deceased
5. Fully completed police report, if the cause of death is unnatural; accidental; or suicide
6. Copy of BI-1663 or DHA-1663 or BI-1680

A. Details of claimant	Policy Number _____
Full names _____ Surname _____	
ID/ Passport number _____	Date of birth _____
Deceased Name & Surname _____	
Relationship to the deceased _____	Contact number _____
Email _____	
Physical Address _____	Code _____

B. Bank Account details to which Policy Benefits must be paid			
Name of account holder _____			
Bank name _____	Branch name _____		
Account number _____	Branch code _____		
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission

C. Declaration by claimant	
Should any benefits be payable to me, I, the undersigned, authorise Safrican Limited to pay the benefits into the above account, and release Safrican Limited from any responsibility and/or further claims from this policy, if payment is made into an incorrect bank account that I gave.	
_____	_____ Y Y Y Y / M M / D D
Signature of Life Assured	Date