

# Funeral Claim Form

To claim, please complete this form and send it back to us by post; email; fax or hand it in at your nearest Safrican Client Service Centre.

Our contact details are:

**Physical Address:** 21, 9<sup>th</sup> Street, Houghton Estate, 2198

**Postal Address:** PO Box 616, Johannesburg, 2000, South Africa

**Email Address:** safclaims@safrican.co.za

**Telephone Number:** (011) 778 8000/8001 **Fax Number:** (021) 947 0864



Attach the following documents to the completed claim form:

1. Certified proof of identity for the claimant (certified copy of ID or certified copy of birth certificate or certified copy of passport)
2. Certified proof of identity for the deceased (certified copy of ID or certified copy of birth certificate or certified copy of passport)
3. Proof of bank account into which the claim will be paid (bank statement stamped by the bank or cancelled cheque or salary advice)
4. Certified copy of death certificate of the deceased
5. Fully completed police report, if the cause of death is unnatural;accidental; or suicide
6. Certified copy of BI-1663 or DHA-1663 or BI-1680

## A. DETAILS OF POLICY HOLDER

Policy Number(s).....

Surname.....Title and Initials.....

Full Names.....Contact Number.....

Date of Birth (YYYY / MM / DD).....ID / Passport Number.....

Email Address.....Relationship to the deceased.....

Postal Address.....Postal Code.....

Residential Address.....Postal Code.....

## B. DETAILS OF DECEASED

Surname.....Title and Initials.....

Full Names.....ID / Passport Number.....

Last Known Address.....

Date of Birth (YYYY / MM / DD).....Date of Death.....

Cause of Death  Natural  Accidental / Unnatural  Suicide

Death Certificate Serial Number.....BI-1663 or DHA-1663 Serial Number.....

## C. BANK ACCOUNT DETAILS TO WHICH POLICY BENEFIT MUST BE PAID

Account Holder.....ID Number.....

Bank Name.....Branch.....

Account Number.....Branch Number.....

Account type  Savings  Cheque  Transmission

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SIGNATURE OF CLAIMANT DATE

## D. DECLARATION BY CLAIMANT

I hereby 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 beneficiary of any claim in respect of the deceased's death.

FICA Validation:

The validity of this claim is subject to the fulfilment of party due diligence obligations of Safrican Insurance Company Limited under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable

.....  
SIGNATURE OF CLAIMANT

.....  
DATE