

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
Postal Address PO Box 616 Johannesburg, 2000, South Africa
Email service@sfrican.co.za
Telephone (011) 778 8000/8001 | **Fax Number** (021) 947 0864

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

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|------------------------------------|---|----------------------------|
| A. Details Of Policy Holder | | Policy Number _____ |
| Surname _____ | Title and Initials _____ | |
| Full names _____ | | |
| ID/ Passport number _____ | Date of birth _____ Y Y Y Y / M M / D D | |
| Relationship to the deceased _____ | Contact number _____ | |
| Email _____ | | |
| Postal Address _____ | Postal Code _____ | |
| Physical Address _____ | Postal Code _____ | |

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|--|---|
| B. Details Of Deceased | |
| Surname _____ | Title and Initials _____ |
| Full names _____ | ID/ Passport number _____ |
| Last Known Address _____ | |
| Date of Birth _____ Y Y Y Y / M M / D D | Date of Death _____ Y Y Y Y / M M / D D |
| Cause of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accidental / Unnatural <input type="checkbox"/> Suicide | |
| Death Certificate Serial Number _____ | BI-1663 or DHA-1663 Serial Number _____ |

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|---|--------------------------------|
| C. Bank Account Details To Which Policy Benefits Must Be Paid | |
| Name of account holder _____ | ID Number _____ |
| Bank name _____ | Branch name _____ |
| Account number _____ | Branch code _____ |
| Account type <input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission | |
| Signature Of Claimant _____ | Date _____ Y Y Y Y / M M / D D |

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|--|--------------------------------|
| 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 _____ Y Y Y Y / M M / D D |

Your policy is underwritten by Safrican Insurance Company Limited (Sfrican) Reg. No. 1935/007463/06 • an authorised Financial Services Provider FSP No. 15123 • www.sfrican.co.za Safrican is authorised to sell the following products: Long-term Insurance: Subcategory A, 81, 82 • Safrican holds professional indemnity and fidelity insurance cover.