

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 Branch as follows:

Email: **Individual Claims** (*individual business*) is to be submitted to services@safrican.co.za
Group Claims to be submitted to groupclaims@safrican.co.za or safclaims@safrican.co.za

Head Office Address: Safrican House, 21 9th Street, Houghton Estate 2198

Attach the following **minimum** documents to the completed claim form:

1. Proof of identity of the policyholder or claimant (copy of ID or copy of birth certificate or copy of passport);
2. Proof of identity of the deceased (copy of ID or copy of birth certificate or copy of passport);
3. Proof of banking details.
4. Copy of death certificate of the deceased;
5. Fully completed police report if the cause of death is unnatural (e.g: accidental, suicide, homicide etc)
6. Copy of BI-1663 or DHA-1663 or BI-1680.

***Kindly note that additional documents may be required depending on the type and merits of the claim. Please refer to Annexure A or contact us for further assistance.**

POLICYHOLDER DETAILS

Policyholder Name _____ Policy Number _____
Scheme Number _____ Policyholder ID Number _____
Country of Birth _____ Country of Residence _____ Nationality _____

A. DETAILS OF CLAIMANT

Full Names & Surname _____
ID/ Passport number _____ Date of Birth _____ Y Y Y Y / M M / D D
Relationship to the deceased _____ Contact number _____
Email _____
Physical Address _____
Postal Code _____
Country of Birth _____ Country of Residence _____ Nationality _____

B. DETAILS OF DECEASED

Full Names & Surname _____
ID Number _____ Date of Death _____ Y Y Y Y / M M / D D

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 Savings Cheque Transmission
Signature Of Claimant _____ Date _____ Y Y Y Y / M M / D D

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. I further confirm that I am the authorized person to claim any policy benefits due under the above-mentioned policy.

We will do background checks to confirm whether the information provided by you during the claim stage is correct. These checks will include, but are not limited to, identity verification checks against the database of the Department of Home Affairs. If we find any material differences or misrepresentation of any information provided by you, we have the right to repudiate the claim.

Before a claim is paid out, the beneficiaries will be screened against Safrican Insurance Company Limited Specified Sanctions lists. Should the beneficiary be found on the sanctions list the pay-out will not be concluded. The related family will be required to obtain a letter of appointment from the magistrate court for nomination of an alternative person to receive the funds. This may lead to the claim payment being delayed.

Signature Of Claimant _____ Date _____ Y Y Y Y / M M / D D