

# FUNERAL CLAIM FORM



## To expedite your claim, kindly forward all claim documents listed below:

1. Copy of the official death certificate issued by the Department of Home Affairs.
2. Copy of the claimant/beneficiary's ID or smart card (certified copies of both sides of the card are required.)
3. Copy of the deceased's ID or smart card (certified copies of both sides of the card are required).
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 form (all 3 pages are required - when requested)
6. A completed BI/DHA-1680 form (if the deceased died at home)
7. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.
8. A Medical report for stillborn child.

9. A copy of the police report or accidental report if death was due to unnatural causes.
10. Official confirmation of registration as a full time student from a registered tertiary institution or medical report confirming disability of a dependent child, if the deceased assured life is between the ages of 22 (twenty two) and 26 (twenty six) years of age.
11. If the cause of death is natural and the deceased past away within the 6 months waiting period, proof that the deceased life assured
12. was covered on another funeral policy with any other Licensed Insurer (as listed on the FSCA website) less than 31 days before the start of cover on this funeral cover policy and that previous policy is no longer covered.

Additional documentation may be requested to assess the claim.

## A. Details of Policyholder / Claimant / Beneficiary

|   |                            |  |
|---|----------------------------|--|
| Policyholder's Employer _____           | Occupation _____           |  |
| Title _____                             | Initials _____             | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Full names _____                        | Surname _____              |  |
| Marital status _____                    | Nationality _____          |  |
| Date of birth _____ Y Y Y Y / M M / D D | ID/ Passport number _____  |  |
| Country of birth _____                  | Country of residence _____ |  |
| Email _____                             | Cell number _____          |  |
| Physical / Postal address _____         | Code _____                 |  |

Communication regarding the claim should take place with:  Claimant  Employer  Broker

### Source of funds with the following options:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Grants - Disability/Social grant                       | <input type="checkbox"/> Allowance            | <input type="checkbox"/> Allowance       |  |
| <input type="checkbox"/> Passive Income (Rental, dividends and interest income) | <input type="checkbox"/> Savings/ Investments | <input type="checkbox"/> Business Income | <input type="checkbox"/> Inheritance/Gifts/Donations/Winings |

Would you like us to update your existing policies with the details given above

 Y  N

## B. Details of deceased

|                                |   |                  |
|--------------------------------|---|------------------|
| Title _____                    | Initials _____  | Full names _____ |
| Surname _____                  | Date of birth _____ Y Y Y Y / M M / D D   |                  |
| ID/Passport number _____       | Date of death _____ Y Y Y Y / M M / D D   |                  |
| Relationship to claimant _____ | Cause of death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide |                  |

## C. Settlement of benefit

|   |                              |
|---|------------------------------|
| <b>Payable to:</b> Full names _____   | Surname _____                |
| Relationship _____  | Name of account holder _____ |
| Name of bank _____  | Account number _____         |
| Branch name _____   | Branch code _____            |
| Account type <input type="checkbox"/> Current (cheque) account <input type="checkbox"/> Savings / transmission account <input type="checkbox"/> Account / Other (Specify) _____ |                              |

If the settlement of the benefit is being paid to a service provider please provide a bank statement not be older than three months or bank account confirmation letter.

## D. Declaration by claimant / beneficiary – third party payments (To be completed if the benefit is payable to a third party)

I, the abovementioned claimant / beneficiary, acknowledge and accept that by signing this discharge form that the total and absolute liability of Safrican will be limited to payment of the insured amount claimed under the policy and that such payment will relieve Safrican of any further liability hereunder.

I, \_\_\_\_\_ (Name & Surname) give authority to Safrican

to pay the benefits to \_\_\_\_\_ (Recipient's name) in the amount of R \_\_\_\_\_ (Rand & cents)

## E. Declaration by claimant

I, the undersigned \_\_\_\_\_ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Safrican from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail. By signing this form; I give Safrican permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, Safrican cannot pay any benefits/refunds to me if my details are on any sanction lists.

Y Y Y Y / M M / D D

Signature of Policyholder/Claimant/Beneficiary

Date

## F. Protection of Personal Information ("POPIA") Declaration

The Protection of Personal Information Act (POPIA) requires Safrican to inform you how we collect, process, use, disclose, and destroy personal information we obtain from you. Safrican is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable law. Safrican undertakes not to divulge data to any party not signatory to this Policy, any information you supplied and relating to your Benefits without your prior written consent, unless required by law.

### By signing this declaration, I consent to the following:

- My personal information may be collected, processed, recorded, used for purposes of concluding and administering this policy and must be safeguarded during the rendering of financial services to me by Safrican.
- Safrican will use my personal information only for the purposes for which it was collected and agreed to with me.
- Safrican may add to my personal information, information received from other product providers and third parties contracted with Safrican to offer a more comprehensive and appropriate service to me.
- Safrican may verify, share, and disclose my personal information to their product providers and third parties contracted with Safrican whose services or products they use to adequately and appropriately render financial services to me.
- Safrican may also disclose my information where it has a duty or a right to disclose in terms of applicable legislation, the law or where it may be necessary to protect its rights.
- Safrican may use my personal information for historical, statistical, research, fraud analysis and sanction screening purposes;
- Safrican will adequately protect my personal information to avoid unauthorized access and use of my personal information.

### Furthermore, I understand that:

- I have the right to access my personal information.
- I have the right to ask Safrican to update, correct or delete my personal information.
- Should I wish to withdraw my consent to process my personal information, I must do so in writing. You can contact Safrican on 011 778 8000 or on [service@saffrican.co.za](mailto:service@saffrican.co.za) and request the information you would like or to withdraw your consent.
- Once I object to Safrican processing my personal information, Safrican may no longer process my personal information, unless to conclude outstanding business. If I object to Safrican processing my personal information, cover in terms of the Policy may terminate as the processing of the personal information is material to servicing the Policy. Once I withdraw my consent, I understand that Safrican is still obliged under other legislation

to keep the information for at least 5 years after termination of the relationship between Safrican and myself.

- Prior to giving Safrican a minor child's personal information, I understand that Safrican may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to Safrican collecting and processing the child's information in my capacity as the child's competent person.
- We may send your personal information to service providers outside the Republic of South Africa for storage or further processing on Safrican behalf. We will ask your consent before we send your information to a country that does not have information protection legislation similar to that of the Republic of South Africa.
- Our complete privacy policy is available on [www.saffrican.co.za](http://www.saffrican.co.za) and at a branch nearest to you.
- We may share with other business units and companies which are part of the Safrican Group\* our financial products and services which we deem similar, with the aim of affording you the opportunity of taking up some of the financial products or services to fulfil your needs.
- We may also collect your personal information from other insurers, service providers, law enforcement agencies and other providers, which may assist in saving cost and combating fraud.
- We may share your information with other business units and companies\* which are part of the Safrican Group for the purposes of administering your membership to a loyalty/rewards/wellness or benefit programme

### You have the right to:

- request a copy of your personal information as processed by us;
  - ask for an update and/or correction of your personal information;
  - object to your information being used for any marketing campaign; and
  - opt-out at any time of direct marketing by contacting Safrican Customer Care Centre on 011 778 8000 or via email on [service@saffrican.co.za](mailto:service@saffrican.co.za)
- Safrican Group includes all the companies and businesses, whether corporate or unincorporated, that comprises the Safrican Group or is under the direct or indirect control of Safrican and includes its representatives. See [www.saffrican.co.za](http://www.saffrican.co.za) for more information.

Due to you being a client of Safrican, we may provide you with information (incl. marketing information) about our similar financial products and other services, which may include text messages, emails, and the like. Should you not wish to receive marketing or advertising information from us, please contact Safrican Customer Care Centre at: 011 778 8000 or via email on [service@saffrican.co.za](mailto:service@saffrican.co.za)

Y Y Y Y / M M / D D

Signature

Date

## G. Employer details

Name of Employer \_\_\_\_\_

Name of scheme \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_

## H. Declaration by employer

Signature of authorised person

Designation of authorised person

Y Y Y Y / M M / D D

Date

Company stamp

## I. Contact us

### Physical address

Sanlam Business Park, 9 West Street, Houghton, 2198

### Postal address

P.O. Box 1941 Houghton 2041, South Africa

### Telephone

011 778 8000

**Emails:** Individual Claims (*individual business*) is to be submitted to [services@saffrican.co.za](mailto:services@saffrican.co.za)  
Group Claims for ARL Business is to be submitted to [groupclaims@saffrican.co.za](mailto:groupclaims@saffrican.co.za)  
Group Claims for Safrican Business is submitted to [safclaims@saffrican.co.za](mailto:safclaims@saffrican.co.za)