



FUNERAL COVER CLAIM FORM

Submit the funeral claim form and the required documents to: claims@staylifewise.co.za

Every question must be completed in full. (Please complete all fields in black ink)

Policy number

Full name of Member

DECEASED'S DETAILS

Full names and surname

ID number

Residential/Postal address

code

Name & telephone number of next of kin (not claimant)

DETAILS OF CLAIMANT WHO IS SUBMITTING THIS CLAIM

Full names and surname

ID number

Residential/Postal address

code

Work telephone

Home telephone

Cell number

E-mail address

Relationship between claimant and deceased (e.g. father/son etc)



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DETAILS OF DEATH

Date of death _____

Address of hospital/place of death _____

Cause of death (Natural or Unnatural).

If "Unnatural Death" please explain the circumstances that lead to the death _____

Date of funeral and place/cemetery to be buried _____

Name and details of person responsible for payment of funeral _____

Name and telephone number of funeral parlour _____

Address of funeral parlour _____

Name, address and telephone number of doctor who certified death: _____

FOR UNNATURAL CAUSES:

Police station where death was reported _____

Police case number _____

Investigating Officer and telephone number _____



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DECLARATION OF CLAIMANT WHO IS SUBMITTING THIS CLAIM

I _____ (full names printed), declare that the facts and details in this application are accurate and true and correct. I agree and understand that should any of the facts, documentation or information provided, not be true or correct in any way whatsoever, The Company reserves the right to cancel this policy and to proceed with the appropriate action against the claimant.

Signature of claimant _____ Date _____

Signature of witness _____ Date _____

Full names and surname of witness _____ Tel _____

PAYMENT DETAILS

I, the claimant, request that payment be made into the following bank account

Name of account holder _____

Bank name _____

Bank Account number _____ Branch _____

Account holder's Signature _____ Date _____

Claimant's Signature _____ Date _____

DOCUMENTATION REQUIRED TO BE SUBMITTED WITH THE CLAIM FORM

Tick for submitted

Certified copy of printed death certificate _____

Certified copy of ID document of the deceased _____

Certified copy of the ID document of the claimant _____

DHA-1663 certificate - Notification/Register of death _____

Proof of relationship where the claimant is not the nominated beneficiary e.g. marriage certificate or birth certificate _____

Proof of bank account of the claimant _____

In the event of an accidental death other documents may be required, namely:

a. Police report, _____

b. Driver's license, _____

c. Road traffic accident report, or _____

d. Post mortem and inquest reports where applicable _____

Additional documentation may be required. For claim queries contact 010 271 4105.