

# 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:** **Retail 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)

**Head Office Address:** Safrican House, 21 9<sup>th</sup> 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; accidental; or suicide; and
6. Copy of BI-1663 or DHA-1663 or BI-1680.

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

Administrator/Intermediary Name \_\_\_\_\_

Scheme Name \_\_\_\_\_ Scheme Number \_\_\_\_\_

## A. Details Of Policy Holder /Claimant

Policy Number \_\_\_\_\_

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 \_\_\_\_\_

## B. Details Of Deceased

Full Names & Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

## 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.

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, a licensed insurer conducting life insurance business and authorised Financial Services Provider, FSP number 15123 • [www.saffrican.co.za](http://www.saffrican.co.za)  
Saffrican is authorised to sell the following products: Long-term Insurance: Subcategory A, 81, 82 • Safrican holds professional indemnity and fidelity insurance cover.