

Death claim

Policy information

Start date of policy

d	d	m	m	y	y	y	y
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Policy number

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Group name / administrator

As the person claiming, you must give all information and documents necessary and sufficient to consider and finalize your claim. Our claim rules and practice will apply. Please complete this form fully and correctly, and sign it, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail to claimscontrol@assupol.co.za / igc@assupol.co.za or fax it to 087 234 5786 / 087 233 0000. We pay valid claims for funeral benefits within 48 hours, after we have received all required information and documents. Other benefits may take longer.

Documents you must give to us

- certified copy of the deceased's death certificate
 - certified copy of the deceased's ID document - stamped deceased
 - certified copy of the deceased's marriage certificate or divorce order
 - DHA1663 form/notification of death
 - DHA 1680 form / declaration by traditional leader (if applicable)
 - certified copy of your ID document
 - latest statement of the bank account into which cash benefits must be paid, showing the name of account holder and account number
- in the event of unnatural death:
- SAPS investigation officer's report
 - if you are claiming for a child:
 - certified copy of the child's birth certificate
 - guardianship letter, if applicable

The deceased

Surname

First names

ID number

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Marital status

single

married

divorced

widowed

Street address before death

code

Last occupation

Employer

Tel of employer

Date of death

d	d	m	m	y	y	y	y
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Cause of death

If death was due to unnatural causes - like an accident

Name of undertaker

Any evidence or suspicion of suicide?

yes

no

Date reported

d	d	m	m	y	y	y	y
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SAPS station - incident reported

Tel

About the funeral

Name of undertaker

Date of funeral

d	d	m	m	y	y	y	y
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SAPS station - incident reported

Contact person at the undertaker

Tel of undertaker

E-mail

Underwritten by Assupol Life Ltd

Reg no 2010/025083/06 • Authorised financial services provider • 308 Brooks street, Menlo Park, Pretoria, 0081

Policy number

Grid for policy number

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About you, the person claiming

Surname

Text box for surname

First names

Text box for first names

ID number

Grid for ID number

Relationship to the deceased

Text box for relationship

Tel of person claiming

Text box for telephone number with parentheses

Mobile of person claiming

Text box for mobile number with parentheses

E-mail

Text box for email

Street address

Text box for street address

code

Postal address

Text box for postal address

code

Job title

Text box for job title

Employer

Text box for employer

Change of beneficiary

I, _____ with ID number _____

the original beneficiary of the above deceased, authorize _____ "the Receiver" as the appointed beneficiary to handle the claim on my behalf, and to collect the benefits from Assupol on my behalf, and instruct the Receiver to use proceeds of the claim to pay for the funeral services rendered. Any monies remaining after the payment of the funeral expenses should be paid to me by the Receiver. Should the Receiver not pay the remainder of the funds to me, I will not have a claim against Assupol for the shortfall, as the arrangement for the payment is between me and the Receiver.

Particulars of bank account of appointed beneficiary

Account holder

Text box for account holder

Name of Bank

Text box for name of bank

Name of branch

Text box for name of branch

Branch code

Text box for branch code

Account no

Text box for account number

Type of account

Form with checkboxes for current, savings, and transmission

Claim amount

Text box for claim amount starting with R

I, the person claiming declare

I have not withheld any information or documents that Assupol Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it. I authorize you, Assupol Life, to get information and documents that are necessary and sufficient to consider and finalize this claim from other persons and entities - including from medical practitioners, hospitals, other insurers, credit bureaus, previous or present employers, any public official or body. I authorize all such other persons and entities to provide such information and documents to you. I understand my claim can be delayed if additional documents or information are requested.

Signature

Text box for signature

Date

Grid for date (d d m m y y y y)