

Death Claim Notification Form

Company Registration No. 2021/906721/07
FSP 52517

A. Instructions to fill in the Death Claim Notification Form

Submit your claim via email to samfarmer23@gmail.com
See reverse of Death Claim Notification form for detailed instructions requirements

B. Particulars of Administrator / Group / Branch / Broker / Agent

Name																
Contact Person											Email					
Telephone Number											Fax Number					
Group Scheme Name																
Policy Number											Payment Method (Please tick ✓)	Cash	Persal	Debit Order		

C. Details of Funeral Parlour (if applicable)

Name																
Contact Person											Email					
Telephone Number											Fax Number					

D. Details of Policyholder

Surname											First Name/s								
I.D. Number											Inception Date	D	D	M	M	Y	Y	Y	Y

E. Details of Deceased

Title			Surname											First Name/s										
Date of Birth	D	D	M	M	Y	Y	Y	Y								Date of Death	D	D	M	M	Y	Y	Y	Y
I.D. Number											Place of Death													
Deceased was (Please tick ✓)	Policyholder		Spouse		Child		Parent		Extended															
Main cause of death (Please tick ✓)	Natural		Unnatural																					
If unnatural, please state exact cause of death																								
Claim Amount	R																							
Did the deceased commit suicide, or was the death the result of a transgression of the law? (Please tick ✓)															YES	NO								

F. Details of Claimant

Surname											First Name/s					
I.D. Number											Telephone No. (W)					
Cell Phone No.											Telephone No. (H)					
Email Address											Fax Number					

G. Declaration by Original Beneficiary

I,											I.D. Number													
the original beneficiary of the above deceased, hereby authorise Exquisite Funeral Planner (Pty) Ltd and the underwriter, to process the claim on my behalf, and instruct the proceeds of the claim be paid to the account specified in Section I of this claim form.																								
I will have no further claim against Exquisite Funeral Planner (Pty) Ltd and the underwriter once the payment of the benefits of the policy have been paid to the account specified in Section I.																								
Signed at											on this			day of						20				
Relationship to Deceased																								
Signature/Thumbprint of Original Beneficiary																								

H. Appointed Beneficiary (if Applicable)

Surname											First Name/s					
I.D. Number											Relationship/Institution					
Contact No.											Contact Person					

I. Bank Account Details For Claim Payment

Name and Surname of Account Holder																				
I.D. Number of Account Holder											Name of Bank / Nearest Post Office									
Branch Name											Branch Code (6 digits)									
Account Number											Account Type									

Instructions and Requirements

Exquisite Funeral Planner (Pty) Ltd must be informed of the death of an Assured Life. This Death Claim Notification form together with the supporting documents, listed below, must be submitted.

Please Note: Only the underwriter may repudiate a claim or award an exgratia payment.

Documentation

Claims will only be processed upon receipt of ALL the required documents substantiating the claim.

a) Death Claim Notification Form

This document must be fully and accurately completed.

b) Proof of Death

A certified original copy of the computerised Death Certificate (BI-5) is required. Should a handwritten Death Certificate be submitted, a letter from Home Affairs stating the reason for the handwritten Death Certificate must be included.

OR

A certified copy of the original medical certificate in respect of a stillborn **only**, signed and stamped by a medical practitioner or district surgeon.

c) Proof of Identity

- A certified copy of the Policyholder's Identity Document.
- In the event of a minor, a certified copy of the Birth Certificate, reflecting the parents' details.
- A certified copy of the Deceased's Identity Document.
- A certified copy of the Original Beneficiary's Identity Document.
- If a new Beneficiary is nominated at the time of the claim (e.g. a Funeral Parlour), a certified copy of the Identity Document of the newly appointed beneficiary must be supplied.

d) DHA - 1663

The beneficiary must provide 3 pages of the DHA - 1663 in the case of a DHA - 1663A, and the first page in the case of an 83/DHA - 1663.

In the event that a medical practitioner is unable to sign the DHA - 1663 due to the death occurring at home, a copy of the Traditional Leader form (DHA - 1680) must be completed and submitted.

e) Proof of premium payments

May be required if necessary to validate the claim.

f) Proof of Cover

A copy of the Original Application Form / Acceptance letter must be provided but only if the policy was not originally administered by Exquisite Funeral (Pty) Ltd.

g) Proof of Account ownership

A copy of the bank statement of the Beneficiary showing the account holder, not older than 3 months, must be submitted.

In addition to the above documentation required, the following additional documentation will be required under the following circumstances:

a) If a Dependant Child is over the age of 21 years and not yet 26 years of age:

Confirmation satisfactory to Exquisite Funeral Planner (Pty) Ltd, from a recognised educational institution to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.

b) If a Dependant Child is over the age of 21 years and is mentally or physically or permanently disabled:

Confirmation satisfactory to Exquisite Funeral Planner (Pty) Ltd, of the disability must be provided, (e.g. proof of disability grant or Medical report).

c) A Stillbirth (A gestation period of 26 weeks must have occurred)

A completed Stillbirth notification form which must be stamped and signed by the attending medical practitioner or district surgeon.

*Any stillbirth must be the biological child of the Policyholder and listed Spouse (if applicable).

d) An unnatural cause of Death

A completed Police report must be stamped and signed by the investigating Officer.

e) Death as a result of Suicide

A completed Police report must be stamped and signed by the investigating Officer.

• You will be notified should any additional documents be required.

Substantiating a claim

a) Premiums must have been paid up to date. **Should a Premium Payer have underpaid the premium, the benefit payable in respect of a claim may be reduced or repudiated.**

b) All Terms and Conditions relating to the Master Policy must have been met.

Valid Claims will be settled within two business days after receipt of all related documentation required.

No Claim will be paid: (i) For death as a result of an abortion. (ii) For any plan in arrears. (iii) For any listed individual on the plan who has not completed the required waiting period. (iv) For any attempt to have a fraudulent claim paid. (v) For a death resulting from the perpetration of a misdemeanour or criminal act by any individual listed on the plan.

Pending Claims

If the relevant information or any documents is found to be outstanding, a 'Pending' status will apply until such a time as the necessary document or information has been received by Exquisite Funeral Planner (Pty) Ltd. If investigation results of any kind are required to validate a claim, the claim will be placed in a 'Pending' status until such a time as the results are received by Exquisite Funeral Planner (Pty) Ltd.

This status and outstanding requirements will be communicated to the claimant in writing. It is important that the outstanding requirements receive urgent attention in order to proceed with the claim timeously. Delay or failure to do so may result in the benefit being forfeited.

Settlement of Claims

All claim settlements to a beneficiary are done by way of Electronic Funds Transfer (EFT).

Benefits are payable directly as per instructions as given on the Death Claim Notification Form.

Attached documents (Please tick ✓)

- | | |
|--|---|
| ☐ Deceased's Death Certificate | ☐ Burial Order - DHA 14A |
| ☐ Deceased's I.D. | |
| ☐ Death of minor - I.D. or Birth Certificate | |
| ☐ Principal Insured / Policyholder I.D. | |
| ☐ Beneficiary I.D. | |
| ☐ DHA - 1663 | |
| ☐ Proof of Premium Payments | |
| ☐ Original Application Form / Acceptance Letter | |
| ☐ Copy of Beneficiary Bank Statement | |
| ☐ Confirmation / proof - Full-Time Student | |
| ☐ Proof of mental and / or physical disability | |
| ☐ Stillbirth Notification Form (must be stamped and signed by attending doctor) | |
| ☐ Police Report | |
| ☐ Exquisite Funeral Brochure | |
| ☐ Funeral Parlour Letter Confirmation of Deceased | |

Note: Additional Documents may be required. If so, claimant will be advised in writing.

Please read through carefully