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| **Our issuing this form for you to complete does not imply admission of any liability by Nedgroup Life.** |

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| **In the case of a natural death**  |
| [ ]  | Completed claimant statement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Death certificate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Deceased’s ID copy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Beneficiary ID copy (If applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **In the case of an unnatural death the claims assessment team will need the following (in addition to the above)** |
| [ ]  | Declaration by Police (completed and stamped by the SAPS) |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Accident report (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Blood alcohol test results (If applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Beneficiary ID copy (If applicable)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Postmortem report  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Please note that this is not the exhaustive list and additional documents may be required.** |
| **SECTION A - DETAILS OF THE PERSON SUBMITTING THIS CLAIM** |
| Title |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Tel(W) |   |   |   |   |   |   |   |   |   |   |  |  |  | Tel(H) |   |   |   |   |   |   |   |   |   |   |
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| Cell |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Postal address** |
| Line 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Suburb |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Town |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Capacity in which you are submitting the claim | [ ]  Beneficiary  | [ ]  Executor  | [ ]  Other |

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| Email address  |       |
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| Relationship of claimant to the deceased |       |

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| **SECTION B - DECEASED'S DETAILS** |

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| Ttle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| ID number |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last occupation |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| **Last residentiall address** |
| Line 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Suburb |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Town |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Number of each policy with Nedgroup Life under which you are claiming.** |
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| **Name of company (non-Nedbank)**  | **Policy/Account number** | **Amount** | **Date issued** |
|       |       |       |       |
|       |       |       |       |
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| Date and time of death |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Place of death |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| **Postal address of hospital (If applicable)**  |
| Line 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Suburb |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Town |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Cause of death  |       |

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| Please describe the actual cause of death  |  |
|       |
|       |

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| When did the health of the deceased first begin to be affected? |  |
|       |

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| When did the deceased first consult a doctor for his/her illness? |  |
|       |

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| **Name and address of every doctor who attended the deceased during his/her last illness and during the f ive years preceding his/her death.** |

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| **Name and address** | **Disease or condition** | **Date of attendance** |
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| Date of funeral |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| Name of funeral parlour |       |
|  |
| Tel no of funeral parlour  |   |   |   |   |   |   |   |   |   |   |  |
|  |
| Name of deceased’s employer at date of death |       |
|  |
| Name of deceased’s medical aid at date of death |       |
|  |
| Medical aid membership number |   |   |   |   |   |   |   |   |   |   |  |

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| Have you any knowledge of any cession or other loan on the contract? If so, please give details. |
|       |

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| Have you or the deceased ever been insolvent or made any assignment for the benefit of creditors or are any such proceedings pending or contemplated? If so, please give full details |
|       |

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| Was the estate of the deceased insolvent at the time of death? |       |

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| **SECTION C - (declaration to be completed in all cases)** |

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| I |       | hereby notify the assessor of the death of the insured life under contracts |

numbered overleaf and declare that the foregoing answers and statement are full and true to the best of my knowledge and belief and that I have withheld no material f act from the assessor or its assigns.

Accepting that I am thereby curtailing the deceased’s right to privacy, but to facilitate the assessment of the risks, and the consideration of any claim f or benefits, under a policy related to this or any other proposal f or insurance made by the deceased, or in respect of the deceased as the insured life, I irrevocably authorise the Administrator:

1. to obtain from any person, whom I hereby so authorise and request to give, any information which the Administrator deems necessary; and
2. to share with other insurers that information and any information contained in this proposal or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Administrator or the operators of such database.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  | at |       | on |       |
|  | (signature) |  | (place) |  | (date) |

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| **SECTION D - RELEASE AND DISCHARGE – FOR POLICIES NOT CEDED** |
| I/We , |  | the undersigned declare and warrant to the best of my/our know  |
| ledge and belief that the estate of the late |       | ('the deceased') |
|  |  | Who |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| died on |   |   |   |   |   |   |   |   |   | was not insolvent |

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| --- | --- | --- |
| I/We acknowledge and agree that upon payment by Nedgroup Life to me/us of the sum assured | R |       |
| Nedgroup Life is and will be released and discharged from all or any other obligations arising f rom policy number |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | issued by Nedgroup Life on the life of the deceased. |

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| --- |
| I/We the undersigned hereby instruct Nedgroup Life to pay the proceeds of the policy into my/our bank account(s) as follows: |
| **Beneficiary 1** |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| ID number |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Income tax office |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
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| Tel(W) |   |   |   |   |   |   |   |   |   |   |  |  |  | Tel(H) |   |   |   |   |   |   |   |   |   |   |
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| Cell |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch code |   |   |   |   |   |   |
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| Type of account | [ ]  Current | [ ]  Savings |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transmission Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |

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| Signed |  | at |       | on |       |
|  | (signature) |  | (place) |  | (date) |

|  |
| --- |
| **Beneficiary 2** |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| ID number |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Income tax office |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
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| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch code |   |   |   |   |   |   |
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| Type of account | [ ]  Current | [ ]  Savings |  |  |  |  |
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| Transmission Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |

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| **Beneficiary 3** |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax office |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
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| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch code |   |   |   |   |   |   |
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| Type of account | [ ]  Current | [ ]  Savings |  |  |  |  |
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| Transmission Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |

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| **Beneficiary 4** |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| First name(s)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax office |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Income tax number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |
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| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch code |   |   |   |   |   |   |
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| Type of account | [ ]  Current | [ ]  Savings |  |  |  |  |
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| Transmission Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |

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