|  |  |  |
| --- | --- | --- |
|  | **Contact details for returning claim forms:** |  |
|  | Fax: | 0860 065 437 |
|  | Postal address (originals): | PO Box 149175 |
|  |  | East End |
|  |  | 4018 |
|  | Email: | claims@nedbankinsurance.co.za |

**Checklist:**

* Completed funeral claim form.
* Certified copy of the claimant's identity document.
* Certified copy of the deceased’s identity document. If the deceased is younger than 18 years, a full birth certificate will be required.
* Certified copy of the death certificate from Home Affairs.
* Proof of banking details of the claimant. Proof of ownership of the bank account into which the benefit is to be paid if this is not the nominated beneficiary’s account.
* Copy of the BI-1663/DHA-1663 or BI-1680: Notification of Death (obtainable from the doctor who certified the death or the undertaker).
* Funeral parlour invoice, including telephone number, physical address, stamp and/or burial order.
* In the event of an unnatural death, the police must complete a police declaration.
* In the event of a stillborn death, the doctor or hospital must provide a letter or report confirming the gestation period.
* Thumb print to be witnessed by 2 branch staff with employee number.

We will only accept copies of documents that are certified by a commissioner of oaths.

Nedgroup Life reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested again.

|  |
| --- |
| **SECTION 1 – DECEASED DETAILS** |
| Policy number/Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|  |
| Identity number of deceased |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|  |
| First name(s) of deceased |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Surname of deceased |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Last known address of  | **Line 1** |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| deceased |
|  | **Line 2** |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  | **Suburb** |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  | **Town** |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  |  |  |  |  |  |  |  |  |  |  | **Code** |   |   |   |   |   |   |   |   |   |   |

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| Occupation of deceased |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Date of death |   |   |   |   |   |   |   |   |   |   | Natural |   | Unnatural |   | Stillborn |  |  |  |  |  |
|  |
| Date of funeral |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Place of Death |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Was the deceased a scholar/student/employed? |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Name of school/college/employer |   | Scholar |   | Student |   | Employed |  |  |  |  |  |  |  |  |  |  |

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| Doctor's Initials |   |   |   |   | Doctor's name |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Doctor's surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Practice number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Contact number |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Hospital name |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Contact number |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Admission/Patient number |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Ward and bed number |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| In the event of unnatural death provide the Police station name where death was reported |
| Name of tribal chief (if applicable) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Address of tribal chief | **Line 1** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Line 2** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Suburb** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Town** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Code** |   |   |   |   |   |   |   |   |   |   |

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| Name of funeral parlour |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Address of funeral parlour | **Line 1** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  | **Line 2** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Suburb** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Town** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Code** |   |   |   |   |   |   |   |   |   |   |
|  |
| Tel no of funeral parlour |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Place/Cemetery where buried |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| --- |
| **SECTION 2 – DETAILS OF CLAIMANT** |
| First name(s) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| ID number |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Postal address | **Line 1** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  | **Line 2** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  | **Suburb** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  | **Town** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Code** |   |   |   |   |   |   |   |   |   |   |

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| Email address |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Employer |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Tel (w) |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | Tel (h) |   |   |   |   |   |   |   |   |   |   |
|  |
| Cell |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | Tel (h) |   |   |   |   |   |   |   |   |   |   |

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| Relationship to deceased |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

I, in my capacity as the claimant, declare and warrant that all statements and answers that may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure that materially affects the assessment of this claim will entitle Nedgroup Life to declare this claim null and void.

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 for benefits, under a policy related to this or any other proposal for insurance made by the deceased, or in respect of the deceased as the insured life, I irrevocably authorise Nedgroup Life:

1. to obtain from any person, whom I hereby so authorise and request to give, any information that Nedgroup Life 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 Nedgroup Life or by the operators of such database.

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| First name(s) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| Signed |  | at | Branch |  |
|  |
| on |   |   |   |   |   |   |   |   | at |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 3 – FOR NIFP OR EASYCOVER POLICIES TAKE OVER OPTION** |
| As the main member is deceased, would you as a listed dependent like to take over this policy? |   | Yes |   |  |  |  |  |  |  |
|  |
| New member's name(s) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| New member's surname |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Physical address | **Line 1** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  |  |  |  | **Line 2** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  |  |  | **Suburb** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
|  |  |  |  |  | **Town** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Code** |   |   |   |   |   |   |   |   |   |   |

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| Tel (w) |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | Tel (h) |   |   |   |   |   |   |   |   |   |   |
|  |
| Cell |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Email address |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| Preferred method of payment |   | Cash |   | Debit order |   | Type of account |   | Current |   | Savings |
|  |
|  |  |  |  |  |  |  |  |   | Transmission |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch |   |   |   |   |   |   |   |   |   |   |
|  |
| Branch Code |   |   |   |   |   |   |   |   | Account number |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Payment day |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  | Date | **d**  |   |   |   |   |   |   |   |
| Signature of accountholder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 4 – BRANCH STAFF DECLARATION** |
| Employee Number |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| I,[first name(s) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

declare that the above information is a true reflection of the information furnished by the claimant, and that the claim form has been completed in full and that all the requirements specified in the checklist accompany this claim form. All requirements are clear, legible documents and there are no evident alterations. I further declare that the claimant:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name(s) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| Surname |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |
| has identified him/herself by means of a valid ID document | ID no (copy attached) |   |   |   |   |   |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- |
| Signed |  | at | Branch |  |
|  |
| on | **d**  | **d**  | **m**  |   |   |   |   |   | at |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 5 – PAYMENT DETAILS** |
| If you do not bank with Nedbank, please provide a copy of your bank statement. |  |  |  |  |  |  |  |  |  |  |  |
| Please complete the following: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Type of account |   | Current |   | Savings |   | Transmission |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Bank |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Branch |   |   |   |   |   |   |   |   |   |   |
|  |
| Branch Code |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Account number |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| ID no |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Tel (w) |   |   |   |   |   |   |   |   |   |   |  |  |  | Tel (h) |   |   |   |   |   |   |   |   |   |   |
|  |
| Cell |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | Date |   |   |   |   |   |   |   |   |
| Signature of accountholder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 6 – DECLARATION BY CLAIMANT** |

Should any benefits be payable to me, I, the undersigned, authorise Nedgroup Life to pay the benefits into the above account, and release Nedgroup Life from any responsibility and/or further claims from this policy, if payments is made into an incorrect bank account that I gave and for whatever reason, such overpaid amounts will become payable to Nedgroup Life on demand

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|  |  |  |  |  |  |  |  |  | Date |   |   |   |   |   |   |   |   |
| Signature of accountholder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 7 – REASON FOR THIRD-PARTY PAYMENT** |
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