

Kindly answer all questions in full and complete in black ink. Note that 'N/A' is not a valid reply. If you have problems completing the form, please call Nedgroup Life Assurance Company Limited (Nedgroup Life) on 0860 333 111. Send the completed form to us by email at funeralclaims@nedbankinsurance.co.za or by fax to 0860 204 065.

Checklist:

- A separate claim form must be completed for each policy number.
- Original certified copy of the claimant's identity document.
- Original certified copy of the deceased's identity document.
- Original certified copy of the death certificate.
- Proof of banking details of the claimant.
- Copy of the BI 1663: 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 declaration.

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 – DECLARATION FOR FUNERAL CLAIMS

Policy/Account number ID Number

Main member's first name(s)

Main member's surname

Main member's work address Line 1

Main member's work address Line 2

Main member's work address Suburb

Main member's work address Town

Code

Tel (w)

Tel (h)

First name(s) of deceased

Surname of deceased

Relationship to claimant

Last known address of deceased Line 1

Last known address of deceased Line 2

Last known address of deceased Suburb

Last known address of deceased Town

Code

Occupation of deceased

Identity number of deceased

Medical aid name

Medical aid number

Date of death

Cause of death Natural Unnatural

Exact cause of death

Place of death Duration of illness

weeks | months | years

Hospital name

Hospital address Line 1

Hospital address Line 2

Hospital address Suburb

Hospital address Town

Contact number

Code

Admission/Patient number

Ward and bed number

Name of tribal chief (if applicable)

Address of tribal chief
Line 1
Line 2
Suburb
Town

Date of funeral Code

Name of funeral parlour

Address of funeral parlour
Line 1
Line 2
Suburb
Town

Tel no of funeral parlour Code

Place/Cemetery where buried Grave number

Police station where death was reported

Name, address and telephone number of usual family doctor/clinic attended

Physical address of doctor/clinic
Line 1
Line 2
Suburb
Town

Contact number Code

Was the deceased a scholar/student/employed? Scholar Student Employed

Name and address of school/college/employer

Physical address of school/college/employer
Line 1
Line 2
Suburb
Town

Tel no of school/college/employer Code

Principal's name/Manager's name

SECTION 2 – DETAILS OF CLAIMANT

First name(s)

Surname ID number

Physical address
Line 1
Line 2
Suburb
Town
Cell Code

Email address

Employer

Tel (w)

Income tax reference number Income tax office

SECTION 5 – PAYMENT DETAILS

Please ensure that all the above details are correct. Should an erroneous overpayment of benefits, loans and/or investment returns occur under this policy, for whatever reason, such overpaid amounts will become payable to Nedgroup Life on demand. Nedgroup Life accepts no responsibility if incorrect banking details are provided. For security reasons we only make payment directly into the claimant's bank account. We require a cancelled cheque, bank statement or payslip confirming the beneficiary's full names, account number and branch code.

NO THIRD-PARTY PAYMENT WILL BE ALLOWED

Please complete the following:

Type of account Current Savings Transmission

Bank Branch Branch code

Accountholder's first name(s)

Accountholder's surname ID no

Account number

Tel number Cell number

Date

Signature of accountholder