



DEATH CLAIM NOTIFICATION FORM

A. INSTRUCTIONS TO COMPLETE THE DEATH CLAIM NOTIFICATION FORM

See last section of Death Claim Notification Form for detailed instructions and requirements.

B. PARTICULARS OF GROUP SCHEME

Group Scheme Name
Policy Number Payment Method Cash Persal Debit Order

C. PARTICULARS OF ADMINISTRATOR / GROUP / BRANCH / BROKER

Name
Contact Person
Telephone No Fax No

D. DETAILS OF FUNERAL PARLOUR

Name
Contact Person
Telephone No Fax No

E. DETAILS OF MAIN MEMBER

Surname and Name Inception Date
ID Number Telephone No

F. DETAILS OF DECEASED

Title Surname
First Names
Marital Status Divorced Single Married Custom Widow
Date of Birth Inception Date
Date of Death Place of Death
ID Number
Deceased Main Member Spouse Child Parent Extended
Main cause of death
If unnatural, please state the exact cause of death
Name & address of hospital/Doctor who certified the death
Address
Telephone No Contact Person
Claim Amount R Premium Amount R
Did the deceased commit suicide, or was his/her death the result of his/her transgressing the law?
Yes No If "yes", please provide details

G. DETAILS OF CLAIMANT

Relationship to the deceased Nominated Beneficiary Other
Initials and Surname
ID Number Telephone No (w)
Cell Phone No Telephone No (h)
Postal Address
 Code

