

DEATH CLAIM DECLARATION



BASIC REQUIREMENTS

1. Death certificate (certified copy or original)
2. Deceased ID (certified copy or original)
3. Claimant ID (certified copy or original)
4. Lost policy affidavit
5. Fully completed form by beneficiary
6. Proof of banking details (latest payslip or bank statement)
7. Police report (in case of accidental death).

Note: Sanlam reserves the right to request any additional documentation it deems necessary to verify claim.

Policy Number	Life Assured				
Benefit Type	<input type="checkbox"/> Life Assured	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Wider

1. PARTICULARS OF THE DECEASED

Surname	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full Names		
Date of Birth / ID Number		
Address of Deceased		
..... Postal Code	Contact Number ()	
Occupation		
Employer / School		
Work Address		
..... Postal Code	Contact Number ()	
Exact Cause of Death	Date of Death	
List any other policies the deceased may have been covered under		
Policy Number	Company	
Policy Number	Company	

2. PARTICULARS OF UNDERTAKER / HOSPITAL / DOCTOR

Place of Death		
Hospital Name	Contact Number ()	
Undertaker Name	Contact Number ()	
Address		
..... Postal Code		
Name and address of doctor who signed BI 1663.		
..... Postal Code	Contact Number ()	
Name and telephone number of all hospitals / doctors who attended the deceased 2 years prior to death.		
.....		
.....		

OUR SERVICE STANDARD

On receipt of the full documentation, we will assess the claim, provided the beneficiary / beneficiaries or claimant(s) is / are entitled to receive the proceeds and sufficient verification has been obtained to confirm that the insured event has occurred.

THIS SCHEME IS UNDERWRITTEN AND ADMINISTERED BY SANLAM DEVELOPING MARKETS LIMITED, LICENSED FINANCIAL SERVICES PROVIDER, FSP NUMBER 11230

3. PARTICULARS OF CLAIMANT

Surname.
Full Names.
Date of Birth / ID Number.
Home Address
..... Postal Code Contact Number ()
Occupation Employer / School
Work Address
..... Postal Code Contact Number ()

4. PAYMENT DETAILS

How would you like to receive the cheque(s)? To be Collected Via the Post Bank Account

The following information must be completed in ALL circumstances

Name of Bank Cheque Account Transmission Savings
Branch Name Branch Code
Account Number

5. DECLARATION

I / We further declare that the above statements and answers are true and full, that I / we have withheld no material information and that I / we undertake to furnish any documentation which may be required by Sanlam. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorise all such persons or agencies to furnish any information in their possession to Sanlam.

1. 1.
2. 2.
SIGNATURE(S) OF CLAIMANT(S) WITNESSES

SIGNED AT ON THIS DAY OF 20

OFFICE USE (CLAIMS OFFICIALS)

Death Certificate Salary Advice / or Proof of Banking Details Birth Certificate Marriage Certificate
Affidavit Deceased ID Claimant ID Other
Completed by Date
Remarks
..... Client Service Centre