

claim form
(funeral claim)



Underwritten by Channel Life Limited, Registration
Number: 1969/012487/06, FSP Number : 19243
P.O. Box 1273, Parklands, 2121

A. Details of Claimant

Policy Number	<input type="text"/>	Reference Number	<input type="text"/>
Title and Initials	<input type="text"/>	Date of Birth (yyyy/mm/dd)	<input type="text"/>
Surname	<input type="text"/>		
Full Names	<input type="text"/>		
Identity Number	<input type="text"/>	Contact No (<input type="text"/>)	<input type="text"/>
Cellphone No	<input type="text"/>	Email Address	<input type="text"/>
Postal Address	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>

B. Claimant's Bank account details

Account Holder Name	<input type="text"/>		
Bank Name and Branch	<input type="text"/>		
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	<input type="checkbox"/> Current (Cheque) Account	<input type="checkbox"/> Savings/Transmission Account	
Preferred method of payment for proceeds	<input type="checkbox"/> Posted Cheque	<input type="checkbox"/> Direct Bank Deposit	

Please note that if the banking details are not supplied, proceeds will be posted to the current postal address. Channel Life Limited cannot be held responsible for postal delays.

C. Indicate relationship to deceased

Policy Holder Spouse Child Extended Family Member

If extended family member, please specify _____

D. Details of deceased

Title and Initials	<input type="text"/>	Date of Birth (yyyy/mm/dd)	<input type="text"/>
Surname	<input type="text"/>		
Full Names	<input type="text"/>		
Identity Number	<input type="text"/>		
Last known street address	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>
Place of Death	<input type="text"/>		
Cause of Death	<input type="checkbox"/> Natural	<input type="checkbox"/> Accident	<input type="checkbox"/> Suicide
Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Indemnification

I, the undersigned, in my capacity as the entitled beneficiary of the above mentioned policy, authorise the payments to be made as requested above, and I hereby indemnify Channel Life from any and all liabilities and/or claims further arising from the policy and against any responsibility of liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above.

<input type="text"/>

Signature / Thumbprint of Claimant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

F. Requirements

In order for us to expedite your claim, kindly forward all claim documentation listed below

- Proof of Identity of the Policyholder and deceased (Copy of ID / Birth Certificate / Passport)
- Copy of a death certificate
- Proof of banking details (Cancelled cheque/Copy of bank statement/salary advice), if proceeds are payable into an account other than the collection account
- BI1663 or BI1680
- Statement by Police, if cause of death is unnatural
- Thumb print declaration to be completed in the presence of Commissioner of Oaths (If applicable)

Please complete all details on the claim form in full and fax to 0860 480 001

Remember to print clearly in CAPITAL LETTERS and avoid contact with the edge of the box.

Channel life reserve the right to call for additional information/documentation if deemed necessary