

Kindly answer all questions in full and complete in black ink. If you have any problems completing the form, please call us on 0800 333 111. Send the completed form to us by email at <u>funeralclaims@nedbankinsurance.co.za</u>

## 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	DET	TAIL	S	T						r	1	1		r	1							
Policy number/Account number	r																	J				
Identity number of deceased																						
First name(s) of deceased																						
Surname of deceased																						
Last known address of deceased	L	_ine	1																			
	L	_ine	2																			
	5	Subi	urb																			
	Г	Γowι	n																			
													Co	de								
Occupation of deceased																						
Date of death									Nat	ural			Unr	natura	al		Still	born				
Date of funeral																						
Place of Death																						
Was the deceased a scholar/st	tuder	nt/er	nplo	yed?	,																	
Name of school/college/employ	yer			Scł	nolar			Stu	dent			Em	ploye	d								
Doctor's Initials			Doo	ctor's	nam	е																
Doctor's surname																						
Practice number																						
Nedgroup Life Assurance Company Ltd F	Reg No	o 199	3/001	022/0	6. A lic	ensed	inancia	al servi	ces pro	ovider (	FSP40	)915) a	nd des	ignate	dand	icense	d insur	rer (NC	RCP6	1).		

Contact number				_																				
Hospital name																								
Contact number																								
	 Г													1										
Admission/Patient num	er																		1					
Ward and bed number																								
In the event of unnatura	deat	th pro	ovide	the	Police	e stat	ion n	ame	wher	e dea	ath w	as re	porte	d										
Name of tribal chief (if a	oplica	able)	)																					
Address of tribal chief		Line	1																					
		Line	2																					
		Sub	urb																					
		Tow	'n																					
			L											Coc	le									
	Г				1			<u> </u>		<u> </u>	<u> </u>		<u> </u>											
Name of funeral parlour	L							 T		 			 											
Address of funeral parlo	ur	Line	e 1					 r		 			 											
		Line	ə 2																					
		Sub	ourb																					
		Tow	'n																					
														Co	de									
Tel no of funeral parlour																								
Place/Cemetery where I	uried	ł																						
																			-					
SECTION 2 – DETAILS	OF C	CLAI	MAN	T 																				
First name(s)			<u> </u> 	<u> </u>	l I	<u> </u>	<u> </u> 	<u> </u>	1	<u> </u>		<u> </u>	<u> </u>					<u> </u>	<u> </u> 					<u> </u>
Surname				<u> </u>	 	<u> </u>			 	<u> </u>		 ]												
ID number	[																	1						
Postal address Line	1					1		1		1								1						
Line	2			 1		 1		1		1								1						<u> </u>
Sub	ırb																							
То	wn																							
														Co	de									
Email address																								
Employer																								
Tel (w)	T													Tel	(h)			-						
	╡																							
Cell														Tel	(n)									

Nedgroup Life Assurance Company Ltd Reg No 1993/001022/06. A licensed financial services provider (FSP40915) and designated and licensed insurer (NCRCP61). Page 2 of 4 Funeral

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:

a) to obtain from any person, whom I hereby so authorise and request to give, any information that Nedgroup Life deems necessary; and

b) 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.

First name(s)														
Surname														

Signed												a	ıt	Branch	
on	d	d	m	m	у	у	у	у	at	h	h	m	m		

E

## SECTION 3 – FOR NIFP OR EASYCOVER POLICIES TAKE OVER OPTION

As the main member is deceas	ed, wo	uld you	u as a lis	sted de	epen	dent l	like to	o take	e ove	r this	polic	y?		Yes	;							
New member's name(s)																						
New member's surname																						
Physical address Line 1																						
Line 2																						
Suburb	,																					
Town																						
											Co	de										
Tel (w)     Tel (h)     Tel (h)       Cell     Image: Cell in the second sec																						
								Γ_														
Preferred method of payment		Cash		De	ebit o	rder		Ту	pe of	acco	unt		Сι	irrent			Sa	vings	5			
		Trans	missior	ı																		
Bank											Bra	anch										
Branch Code						Ac	coun	t nun	nber													
Payment day																						
													Dat	_ [								
Signature of acc	ountho	lder											Dat	e	α	α	m	m	У	у	у	У

SECTION 4 – BR	ANCH	I ST/	AFF I	DECL	ARA		1				1															
Employee Numbe	er																									
I,[first name(s)																										
Surname																										
declare that the a full and that all th no evident alterat	e requ	iirem	ents	speci	fied i	n the	chec	klist	e info acco	ormat mpar	tion fu ny this	ırnish s claiı	ied b m for	y the m. Al	clain I requ	nant, uirem	and t ents	hat t are c	ne cla lear,	aim fo legibl	orm h le doo	as be cume	een c ents a	ompli Ind th	eted ere a	in are
First name(s)																										
Surname																										
has identified him	/herse	elf by	mea	ns of	a val	id ID	docu	ment	t	۱D ı	no (co	opy a	ttach	ed)												
	as identified him/herself by means of a valid ID document ID no (copy attached) igned at Branch																									
Signed																										
on d d	m	m	у	у	у	у	at	h	h	m	m															
SECTION 5 – PA	YMEN	IT DE		S																						
If you do not bank	with	Nedb	ank,	pleas	se pr	ovide	a co	py of	your	banł	< state	emen	t.													
Please complete	the fol	lowin	ıg:			7				1																
Type of account		Cu	rrent			Sa	vings			Tra	ansmi	ssion														
Bank															Bra	anch										
Branch Code											_															
Account number																										
ID no	, <b></b> ,										-															
Tel (w)															Te	el (h)										
Cell																										

Signature of accountholder

## 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

Date

Date

Signature of accountholder

## SECTION 7 – REASON FOR THIRD-PARTY PAYMENT