

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 funeralclaims@nedbankinsurance.co.za

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 DETAILS

Policy number/Account number																									
Identity number of deceased																									
First name(s) of deceased																									
Surname of deceased																									
Last known address of deceased	Line 1																								
	Line 2																								
	Suburb																								
	Town																								
	Code																								
Occupation of deceased																									
Date of death									Natural	<input type="checkbox"/>	Unnatural	<input type="checkbox"/>	Stillborn	<input type="checkbox"/>											
Date of funeral																									
Place of Death																									
Was the deceased a scholar/student/employed?																									
Name of school/college/employer	<input type="checkbox"/>	Scholar	<input type="checkbox"/>	Student	<input type="checkbox"/>	Employed																			
Doctor's Initials					Doctor's name																				
Doctor's surname																									
Practice number																									

In the event of unnatural death provide the Police station name where death was reported																					
Name of tribal chief (if applicable)																					
Address of tribal chief	Line 1																				
	Line 2																				
	Suburb																				
	Town																				
		Code																			
Name of funeral parlour																					
Address of funeral parlour	Line 1																				
	Line 2																				
	Suburb																				
	Town																				
		Code																			
Tel no of funeral parlour																					
Place/Cemetery where buried																					

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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.

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Branch

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As the main member is deceased, would you as a listed dependent like to take over this policy? ☐ Yes ☐

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Transmission

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d	d	m	m	y	y	y	y
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