# **FUNERAL CLAIM FORM**



To whom it may concern,

Please find below the death claim form.

The below documents plus this claim form, correctly completed and signed, must be submitted to Different Life via email or in person.

If in person, please deliver to:

Different Life, Building A Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2191

#### What to send:

#### Cause of death Natural (for example illness)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the main member's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- The medical certificate of the cause of death, and details of the doctor who certified the insured's death (DHA 1663).
- Personal Medical Attendance Form completed by medical practitioners.

### Cause of death: Unnatural (for example accident/ murder)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the claimant's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- The medical certificate of the cause of death, and details of the doctor who certified the insured's death (DHA 1663 ).
- Fully completed SAPS statement (SLFC002E).
- Personal Medical Attendance Form completed by medical practitioners.

### To effect payment on the claim (if the claim is assessed as valid):

The original or certified copies, signed by a commissioner of oaths, of the following:

- Bank statement of beneficiary/Main member.
- Identification Documents of beneficiary/Main member.

Kind regards,

Different Life Claims Team | Claims

#### DIFFERENT LIFE (PTY) LTD



PARTICULARS OF THE POLICY HOLDER - Section A		
Policy Number		
First Names		
Surname	Title Miss Mrs Mr Dr Prof	
Initials Gender Female	Male	
ID Number	Language	
Postal Address		
	Postal Code	
Physical Address		
	Postal Code	
Telephone (w)	Fax (w)	
Telephone (h)	Fax (h)	
Cellphone		
E-mail address		
Date of Death		
Y Y Y M M D D		
Detailed description of cause of death (Only complete this question, If the policyholder is the one who is deceased)		



PARTICULARS OF THE DECEASED – Section B		
Relationship with the policy holder (e.g Child, Spouse, Parent, Parent in law, sibling):		
First Names		
Surname	Title Miss Mrs Mr Dr Prof	
Initials Gender Female	Male	
ID Number	Language	
Postal Address		
	Postal Code	
Physical Address		
	Postal Code	
Telephone (w)	Fax (w)	
Telephone (h)	Fax (h)	
Cellphone		
E-mail address		
Date of Death		
Y Y Y M M D D		
Detailed description of cause of death		



# PARTICULARS OF THE CLAIMANT – Section C (IF the claimant is not the Main Member) First Names Surname Title Miss Mrs Mr Dr Prof **Initials** Gender Female Male In what capacity is this claim lodged (Beneficiary, Cessionary, Executor)? ID / Passport / Card Driving License Official Number Language Postal Address Postal Code **Physical Address** Postal Code Telephone (w) Fax (w) Telephone (h) Fax (h) Cellphone Communication Preference Post Fax e-mail E-mail address



BANK DETAILS OF THE CLAIMANT / ESTATE		
Name of Bank	Branch Name	
Account Number	Branch Code	
Name of Account Holder	Account Type	
Signature of Account Holder	Date	
	Y Y Y M M D D	
DECLARATION AND AUTHORISATION BY THE CLAIMANT		
Policy Schedule Number		
Declaration  I/ we		
I / we hereby authorise Different Life or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I / we further authorise Different Life or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.		
I / we warrant that I am / we are legally entitled to the part solvent and have not been ceded or sequestrated.	proceeds under this policy and that my / our estate(s) are	
Signed		
On day of	of 20	

## DIFFERENT LIFE (PTY) LTD