DEATH 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

Required documents to initiate the funeral claim process:

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

- 1. The death certificate.
- 2. The insured's ID document.
- 3. The medical certificate of the cause of death, Form DHA 1663 by the doctor who certified the insured's death.
- 4. Statement of Police / Police report for Unnatural causes.

Required documents to initiate the claim process:

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

- 1. Personal Medical Attendant's report (attached) and any medical files/notes/hospital files.
- 2. Medical Aid details **and** Medical Aid records for 5 years preceding the contracting date.
- 3. If death due to Unnatural causes please include:
 - 3.1. Completed Statement of Police (attached).
 - 3.2. Post mortem.
 - 3.3. If death is due to motor vehicle accident, please also supply Officer's Accident report.

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:

- 1. Income verification: Either Six (6) month's bank statements of the deceased, reflecting monthly income OR Payslips OR IT3a forms
- 2. Bank statement of beneficiaries.
- 3. Identification Documents of beneficiaries.

Kind regards,

Tshepo Lehola | Claims & Services



PARTICULARS OF THE INSURED (Deceased) – Section A		
Policy Number		
First Names		
Surname Title Miss Mrs Mr	Or 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		
Description of cause of death **To avoid delays, explain in your own words events that led our client to	death:	



Details of all doctors who attended to the deceased during the 5 years preceding death:

**To avoid delays, do not leave this part clean, please complete fully			
A. Doctor	Address		
	Date attended		
	Y Y Y Y M M D D		
Hospital / Clinic	Ref. No.		
B. Doctor	Address		
	Date attended		
	Y Y Y M M D D		
Hospital / Clinic	Ref. No.		
C. Doctor	Address		
	Date attended		
	Y Y Y Y M M D D		
Hospital / Clinic	Ref. No.		
Name of Medical Aid	Medical Aid Number		
Name of Hospital	Hospital Ref. No.		
Employer Name	Surname		
Physical Address			
	Postal Code		
Telephone (w)	Employee No.		



PARTICULARS OF THE CLAIMANT – Section B								
First Names								
Surname					Title	Miss Mrs	Mr D	r Prof
Initials					Gender	Female	Male	
In what capacity is this	claim lodged (Beneficiary,	Cessionary	, Exec	cutor)?				
ID / Passport / Card Driving License Official Number								
Language								
Postal Address								
i ostai / taaress					Postal Code			
Physical Address								
Postal Code								
Telephone (w)			Fax	(w)				
Telephone (h)	one (h)							
Cellphone			Con	nmunicatio	on Preference	Post	Fax	e-mail
E-mail address								
PARTICULARS OF CLAIM BY CESSIONARY								
Title	Initials	Gender			First Names			
Surname		Amount Claimed R						
Signature				Date	V V V			



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 declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim.				
I / we acknowledge that I / we fully understand the contents of this declaration.				
Authorisation				
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 proceeds under this policy and that my / our estate(s) are solvent and have not been ceded or sequestrated.				
Signed				
On day of	of 20			