

## 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

### **DIFFERENT LIFE (PTY) LTD**

Different Life is an authorised financial services provider | FSP No. 45453 | [w differentlife.co.za](http://differentlife.co.za) [different.org](http://different.org) | [e info@differentlife.co.za](mailto:info@differentlife.co.za)  
Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2021 | Postnet Suite 165, Private Bag X21, Bryanston, 2021 | [t 010 020 1921](tel:0100201921)  
Directors: A. J. Lester, A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, C. D. Botha, J. C. Fellingham | Reg. No. 2014/023254/07  
Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.

## PARTICULARS OF THE INSURED (Deceased) – 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 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:

### DIFFERENT LIFE (PTY) LTD

Different Life is an authorised financial services provider | FSP No. 45453 | [w differentlife.co.za](http://differentlife.co.za) [different.org](http://different.org) | [e info@differentlife.co.za](mailto:info@differentlife.co.za)

Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2021 | Postnet Suite 165, Private Bag X21, Bryanston, 2021 | [t 010 020 1921](tel:0100201921)

Directors: A. J. Lester, A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, C. D. Botha, J. C. Fellingham | Reg. No. 2014/023254/07

Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.

**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**

|                  |               |  |                      |                      |                      |                      |                      |                      |                      |
|------------------|---------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>A. Doctor</b> | Address       |  |                      |                      |                      |                      |                      |                      |                      |
|                  | Date attended |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                  |               |  | Y                    | Y                    | Y                    | Y                    | M                    | M                    | D                    |

|                   |          |
|-------------------|----------|
| Hospital / Clinic | Ref. No. |
|-------------------|----------|

|                  |               |  |                      |                      |                      |                      |                      |                      |                      |
|------------------|---------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>B. Doctor</b> | Address       |  |                      |                      |                      |                      |                      |                      |                      |
|                  | Date attended |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                  |               |  | Y                    | Y                    | Y                    | Y                    | M                    | M                    | D                    |

|                   |          |
|-------------------|----------|
| Hospital / Clinic | Ref. No. |
|-------------------|----------|

|                  |               |  |                      |                      |                      |                      |                      |                      |                      |
|------------------|---------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>C. Doctor</b> | Address       |  |                      |                      |                      |                      |                      |                      |                      |
|                  | Date attended |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                  |               |  | Y                    | Y                    | Y                    | Y                    | M                    | M                    | 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.       |

**DIFFERENT LIFE (PTY) LTD**

Different Life is an authorised financial services provider | FSP No. 45453 | [w differentlife.co.za](http://differentlife.co.za) [different.org](http://different.org) | [e info@differentlife.co.za](mailto:info@differentlife.co.za)  
 Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2021 | Postnet Suite 165, Private Bag X21, Bryanston, 2021 | [t 010 020 1921](tel:0100201921)  
 Directors: A. J. Lester, A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, C. D. Botha, J. C. Fellingham | Reg. No. 2014/023254/07  
 Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.

|  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|--|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| In what capacity is this claim lodged (Beneficiary, Cessionary, Executor)? |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| ID / Passport / Card Driving License Official Number                       |  |  |  | <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"/> |
| 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 |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |      |  |     |  |        |  |  |  |  |  |

## PARTICULARS OF CLAIM BY CESSIONARY

Different Life is an authorised financial services provider | FSP No. 45453 | [w differentlife.co.za](http://w.differentlife.co.za) [different.org](http://different.org) | [e info@differentlife.co.za](mailto:info@differentlife.co.za)  
 Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2021 | Postnet Suite 165, Private Bag X21, Bryanston, 2021 | [t 010 020 1921](tel:0100201921)  
 Directors: A. J. Lester, A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, C. D. Botha, J. C. Fellingham | Reg. No. 2014/023254/07  
 Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.

