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Notice of Death for Funeral Claims

TEL NO: 0861 113 874 FAX NO: 0861 113 875

Policy number

A. HOW TO FILL IN THE APPLICATION FORM

1. Complete the form in black ink and in block letters.
2. Submit the form to Assupol Life at the above fax number, together with the following supporting documents.
 - A certified copy of the death certificate.
 - A certified copy of the deceased's identity document.
 - A certified copy of the main member's, claimant / beneficiary identity document
 - A copy of the application form / policy certificate.
 - A copy of the BI-1663
 - A police report in the case of death due to unnatural causes.
 - A copy of the last premium receipt.
 - Proof of marriage
 - If claimant is a different person/entity from the beneficiary, please attach written authorisation from benefit for claimant to receive claim amount.

Assupol Life will contact you once we have assessed the claim. Assupol Life will verify all deaths with Department of Home Affairs. Depending on the circumstances, there may be other requirements. Please make sure that you meet all the requirements that we have set out in this form.

B. DETAILS OF FUNERAL PARLOUR (Where applicable)

Name	<input type="text"/>
Contact person	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>

C. DETAILS OF ADMINISTRATOR (Where applicable)

Name	<input type="text"/>
Contact person	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>

The Administrator hereby warrants that the following checks have been done:

- Death confirmed with doctor/hospital who certified death.
- Death confirmed with funeral parlour, i.e. body was in fact in their possession.

The Administrator further warrants that the identity of the deceased as well as the claimant has been verified.

D. DETAILS OF MAIN MEMBER

Surname and initials	<input type="text"/>
ID number	<input type="text"/>
Inception date	<input type="text"/>
Fax number	<input type="text"/>

E. DETAILS OF THE DECEASED

Title	<input type="text"/>							
Surname	<input type="text"/>							
First names	<input type="text"/>							
Marital status	Single		Married		Divorced		Widowed	
Date of birth	Y	Y	Y	Y	M	M	D	D
Date of death	Y	Y	Y	Y	M	M	D	D
Inception date	Y	Y	Y	Y	M	M	D	D
ID/Passport number	<input type="text"/>							

Main cause of death

Place of death (Name of city/town)

If unnatural, please state the exact cause of death

Name and address of doctor/hospital who/which certified the death certificate

Address

Code

Telephone number

Did the deceased commit suicide or was his/her death the result of his/her transgressing any law or as a result of someone else's alleged violence? Yes No

If yes, please state circumstances of death.

Claim amount R

Date of funeral

F. DETAILS OF CLAIMANT

In what capacity are you lodging the claim? Nominated beneficiary Other

(Please attach other authorisation)

Surname

First name/s

ID/Passport number

Relationship to deceased

Telephone number

Cell	
Home	Code <input type="text"/>
Work	Code <input type="text"/>

Postal address

Code Code

Are you aware of any other beneficiaries/claimants under this plan? Yes No

If yes, please state.

G. BANK DETAILS OF CLAIMANT

We will pay the proceeds into your bank account direct. Please provide details below:

Name of bank

Branch name

Branch number

Type of account

Account number

Name of accountholder

H. DECLARATION BY CLAIMANT

I, the undersigned warrant that I am legally entitled to receive the proceeds in terms of the said plan and that the estate is solvent and has not been ceded, sequestrated or estranged in any way.

I declare that all information supplied is accurate and complete.

Signed at _____ Date Y Y Y Y M M D D

Signature of claimant _____