CLAIM NOTIFICATION FORM



A police report is compulsory for all the unnatural deaths.

In respect of the surname difference of a spouse, any 1 of the following:

Marriage certificate-Letter from the Tribal Chief, signed and stamped-Medical Aid card reflecting deceased details

| Please provide all details | All field Madatory |
|--|--------------------|
| Policyholder: | |
| Policy Number: 9 2 3 2 Scheme Nam | me: |
| Claim No: | YYMMDD |
| Deceased: | — Date of death: |
| ID No: | |
| Relationship to Principal Member: | Age at death: |
| Documents required when submitting the claim | |
| Clearly certified copy of the Death Certificate BI-5 BI-20 BI1663: Copy of the Notice of Death Certified copy of the Principal Member's ID Certified copy of the deceased's ID Copy of the beneficiary's bank statement Marriage certificate/proof of relationship where applicable Settlement of Claim R: | |
| EFT Bank Account Holder: | |
| Bank Name: Branch Coo | de: |
| Bank Account No: | |
| Contact details for sending of all policy correspondence | |
| Physical Address: | |
| Cellular Phone Number: | |
| Signature of Policyholder/Claimant: | |
| Name of Policyholder/Claimant: | |