Funeral Claim Notification Form

1Life Insurance Limited, an authorised Financial Services Provider FSP No 24769

Claims administered by: 1Life, 1 Telesure Lane, Riverglen, Dainorn,
Tel: 0800 007 700 | Fax: 0866 956 497

1Life
Changing Lives

FSP No 24769

INSTRUCTIONS ON HOW TO COMPLETE THE DEATH CLAIM NOTIFICATION FORM

1. Complete the form in ink and in block letters.
2. Submit the form together with the below listed supporting documentation, via email brokerclaims@1life.co.za or fax 086 695 6497. Should there be any queries regarding the submission of the relevant claims documentation please contact 1Life on 0800 007 700

a. A certified copy of the death certificate ☐
b. A certified copy of the deceased's identity document ☐
c. A certified copy of the Policyholder's identity document ☐
d. A certified copy of the identity document of the beneficiary (if applicable) ☐
e. Unnatural Death - require completed Police report (if applicable) ☐
f. A certified copy of the identity document of the recipient (if applicable) ☐
h. A copy of the DHA-1663 form ☐
j. Proof of banking details e.g. stamped bank statement not older than 3 months, or stamped confirmation from the bank on a bank letterhead. ☐
k. Stillborn Death - require completed confirmation of stillborn report (if applicable) ☐

Please note that we may require additional information on the claim if necessary to complete the assessment of the claim. Should this be the case, we will inform you accordingly.

B. PARTICULARS OF ADMINISTRATOR / GROUP / BRANCH / BROKER

Group Scheme Name

Policy Number | Payment Method: Cash ☐ Persal ☐ Debit Order ☐

Name

Contact Person

Telephone Number | Fax Number

C. DETAILS OF FUNERAL PARLOUR

Name

Contact Person

Telephone Number | Fax Number

D. DETAILS OF MAIN MEMBER

Name and Surname | Inception Date

ID Number | Telephone Number

E. DETAILS OF DECEASED

Title | Surname | Age

First Names

ID Number | Date of Birth

Gender: M ☐ F ☐ | Marital Status: Divorced ☐ Single ☐ Married ☐ Custom ☐ Widow ☐

Place of Death | Inception Date

Deceased: Main Member ☐ Spouse ☐ Child ☐ Parent ☐ Extended ☐

Was the death as a result of Natural or Unnatural causes?

If unnatural, please state exact cause of death

Name and address of hospital / Doctor who certified the death

Address

Telephone Number | Contact Person

Claim Amount R | Premium Amount R

Any suspicion or evidence of suicide or transgression of the law? If yes, provide more details?

Yes ☐ No ☐ | If 'Yes', please provide details

F. DETAILS OF CLAIMANT

Relationship to the deceased | Nominated Beneficiary | Other

Initials and Surname

ID Number

Telephone (H) | Cellphone

Postal Address | Telephone (W)

G. DECLARATION BY ORIGINAL BENEFICIARY

I, ID Number

the nominated beneficiary of the above policy, hereby authorise the below-mentioned person in section H ("recipient") to handle the claim on my behalf, and to collect the benefits from 1Life on my behalf. I am fully aware that once 1Life has paid the policy benefits to the recipient, I shall have no claim against 1Life in respect of the policy benefits in question anymore

Relationship to the deceased:

Signed at on this day of

Signature / Thumbprint of Original Beneficiary

H. CHANGE OF BENEFICIARY

If the claimant is not the nominated beneficiary other than the Policyholder, the following authorisation must be completed.

PARTICULARS OF THE RECIPIENT

Initials and Surname

ID Number

Address | Relationship/Institution

Telephone (H) | Contact Person

BANK ACCOUNT DETAILS OF RECIPIENT

Name and Surname of Account Holder

ID Number of Account Holder

Name of Bank / Nearest Post Office

Branch Name

Account Number | Branch Code

Account Type

PARTICULARS OF FUNERAL PARLOUR

Name of the Funeral Parlour

Registration Number of Funeral Parlour

Name of Funeral Parlour Representative

ID number of the Funeral Parlour Representative

I. CONSENT OF INFORMATION AND DECLARATION BY CLAIMANT

1Life, the insurer may:

- Perform a search on the applicant's/ beneficiary's/claimant's records with one or more of the registered Credit Bureau/previous employers/Master of the Supreme Court or any other interested party, when assessing the applicant's/beneficiary's/claimant's application for the payment of an insurance claim:
- Use new information and data obtained from Credit Bureau/previous employer/Master of the Supreme Court or any other interested party, when assessing the applicant's/beneficiary's/claimant's app lication for the payment of an Insurance claim,

I hereby grant my Irrevocable consent to 1Life to undertake the actions listed above either before/ during or after the termination of my agreement with 1Life,

I, the beneficiary/claimant, hereby warrant that the above statements are true and complete to the bes t of my knowledge, I authorise any medical attendant or physician or any o ther p erson who has attended to the deceased or any hospital or other institution which has medical information about the life assured to disclose this information to 1Life or its representatives, with respect of any sickness or injury, medica l history, consultation, prescription or treatment and copies of all hospital or medical records , I have not withheld any information which could be medical to the assessment of the claim,

I hereby claim the benefits payable to me by 1Life as a result of the death of the assured named in Section F,

I, the undersigned warrant that I am legally entitled to receive the proceeds in terms of the said plan.

Signed at on this day of 20

Signature / Thumbprint of Original Beneficiary