Death claim

ASSUPOL
SERVING THOSE WHO SERVE SINCE 1913

Policy number

Dear Client. You must give us all information and documents necessary and sufficient to consider and finalize this claim. Our claim rules and practice apply. Please complete this form fully and correctly, and sign it where required, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail it to claimsenquiries@assupol.co.za or fax it to 0861 000 395.

We pay valid claims for funeral benefits within 24 hours, after we have received all required information and documents. Other benefits may take longer. Claims are audited randomly which could result in your claim to be delayed. Should your claim be selected, you will be informed immediately. If you need assistance about your claim, contact us on 0861 235 664, or visit any of our offices countrywide. Our offices are also open on Saturday from 08:30 to 13:00.

Documents you must give to us

- this claim form – completed and signed as required
- certified copy of the original death certificate – form DHA5
- certified copy of the deceased's valid ID document with *deceased* or similar notice stamped on it
- certified copy of the deceased's marriage certificate or divorce order
- copy of the notification/registration of death – form DHA1663
- certified copy of your ID document
- copies of valid bank statements, not older than three months, of the bank account into which the benefit must be paid, showing the account holder and account number
- If you are claiming for a child:
  - certified copy of the child's abridged birth certificate
  - guardianship letter

The deceased

Surname

Initials

ID

Date of death (d d m m y y y y)

Street address

Code

Last occupation

Employer

Tel – employer

Marital status: single | married | divorced | widowed

Were there other policies on the life of the deceased? If **yes**, give the policy numbers and name of the insurer.

1.	3.
2.	4.

If death was due to natural causes – illness

What illness caused the death?

Date on which the illness started (d d m m y y y y)

Other symptoms noticed before death, *eg* headache

Did the deceased suffer from a chronic illness? If **yes**, give the date of diagnoses and description of medication.

Name of regular doctor — Tel

Name of treating hospital — Tel

If death was due to unnatural causes – like an accident

What caused the death?

Did this happen during official duties? yes | no

Any evidence or suspicion of suicide? yes | no

SAPS station where incident was reported — Case no

Name of investigating officer — Tel

Some additional documents we could ask for

- copy of the autopsy
- accident report
- driver's license
- A1 statement
- SAPS investigating officer's report
- blood-alcohol results
- medical documents from hospital or doctor
- sick-leave register

If there was an accident involving a motor vehicle

The deceased was: the driver | a passenger | a pedestrian

Did the driver have a valid driver's license? yes | no

About Assupol

Assupol Life Ltd - reg no 2010/025083/06
Authorized financial services provider
Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria
PO Box 35900, Menlo Park, 0102 **www.assupol.co.za**

Compliance department
fax: 087 230 5667
e-mail: compliance@assupol.co.za

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About the funeral

Name of undertaker

Street address of undertaker

Code

Tel – undertaker

Date of funeral (d d m m y y y y)

Street address where funeral will take place

Code

Contact person at undertaker

About you, the person claiming

Surname

ID

Cell

E-mail

Street address

Code

Job title

Initials

Relation to deceased

Tel – work

Tel – home

Postal address

Code

Employer

Bank account into which cash benefits must be paid

Account holder

ID

Name of bank

Account number

Type of account: current | savings | transmission

Name of branch

Branch code

My signature

Date (d d m m y y y y)

I, the person claiming, declare

I have not withheld any information or documents that Assupol Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it.

I authorize you, Assupol, or a third party authorized by you, to get from other persons and entities information and documents necessary and sufficient to consider and finalize this claim – among others, about the deceased's medical treatment. You may get the information and documents from, among others, medical practitioners, hospitals, insurers, credit bureaus, previous and present employers, and any state department or official. I authorize all such other persons and entities to provide such information and documents to you. I confirm that the process for claiming benefits has been explained to me. I confirm I had access to the applicable product information.

If you need bereavement counseling, or assistance with the transport of the deceased, phone the 24-hour support line of Assupol On-Call: 0800 002 614. This support service is subject to contract provisions.

My signature

Date (d d m m y y y y)

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