

Notice of Death for Funeral Claims

Office Number: 087 330 2434 Fax Number: 0866623588
Email Address: claims@trans-africa.co.za and/or
clientservice@trans-africa.co.za



POLICY NUMBER

A. HOW TO COMPLETE THE CLAIM FORM

1. Complete the form in black ink and in block letters
2. Submit the Claim Form to Trans-Africa, together with the following supporting documents:
 - A certified ID copy of the claimant [either main member or beneficiary]
 - A certified ID copy of the deceased with the word "deceased" stamped on it
 - A certified copy of the death certificate
 - A copy of the BI-1663
 - A copy of the Burial Order
 - A bank statement with a bank stamp on of the claimant or beneficiary on the policy
 - A police report in the case of death due to unnatural causes
 - All other documents that TRANSAFRICA LIFE may in its sole discretion require.

Trans-Africa will contact you once your claim has been assessed. All deaths will be verified with the 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 THE 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 THE ADMINISTRATOR (Where applicable)

Name	<input type="text"/>
Contact person	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>
Email Address	<input type="text"/>

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

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

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

D. DETAILS OF THE MAIN MEMBER

Surname and Initials	<input type="text"/>
ID Number	<input type="text"/>
Inception Date	<input type="text"/>
Fax Number	<input type="text"/>
Email Address	<input type="text"/>

E. DETAILS OF THE DECEASED

Title	<input type="text"/>
Surname	<input type="text"/>
First Names	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Death	<input type="text"/>
Date of Birth	<input type="text"/>
Inception Date	<input type="text"/>

ID Number		
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		
Name		
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 THE CLAIMANT

In what capacity are you lodging the claim? (Please attach other authorization)	<input type="checkbox"/> Nominated Beneficiary	<input type="checkbox"/> Other
Surname		
First Names		
ID Number		
Relationship to deceased		
Telephone Number	Cell:	
	Work:	
Postal Address		
		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 transfer the proceeds into your bank account directly. Please provide details below:

Name of Bank	
Account Number	
Type of Account	
Name of Branch	
Branch Code	
Name of Account Holder	

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 liquidated.

I declare that all information supplied herein is correct.

Signed at _____

Date: _____

MANDATE AUTHORISATION By Client

I HEREBY AUTHORIZE THE INSURER TO PAY THE TOTAL PROCEEDS OF THIS CLAIM TO TRANSAFRICA

Claimant Signature: _____ (signature)