



This form is required in order for the Insurer to assess a possible claim. Completion of this form does not in any way limit liability. Only once we have received a fully completed claim form will we be able to assess the incident being claimed for.

Section 1: General

Name of Principal Member:		Membership Number:	
Full Name of Deceased:			
Occupation:			
Address (Residential):		Code:	
Postal Address:		Code:	
Contact Number:		Date of Incident:	
Date of Birth:		Place:	Time:

Beneficiary's Banking Details:

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

Section 2: Death Event

Date of Death:		Place of Death:	
State the cause of death and any other important factors connected therewith by giving a detailed description of how the incident happened:			

The following information should be provided as and when it becomes available: (All certified copies must be more than 3 months old)

<input type="checkbox"/>	A. Certified copy of the deceased and beneficiary's ID documents. (Compulsory)
<input type="checkbox"/>	B. Certified copies of the abridged or final death certificate. (Compulsory)
<input type="checkbox"/>	C. BI 1663 notification of death form, indicating the cause of death. (Compulsory)
<input type="checkbox"/>	D. Beneficiary bank statement. (Compulsory)
<input type="checkbox"/>	E. Marriage Certificate/Affidavit/Letter of Authority. (Compulsory)
<input type="checkbox"/>	F. The police accident report. (Only if the death was as a result of a motor vehicle accident)
<input type="checkbox"/>	G. The police report (if death is due to unnatural causes).
<input type="checkbox"/>	H. Other documents may be requested in order to assess the validity of the claim.

MINING GROUPS

	CALL CENTRE 0861 22 22 94		PLEASE CALL ME 082 359 9754
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STANDARD GROUPS

	CALL CENTRE 0861 22 22 77		PLEASE CALL ME 076 909 7382
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