



## What you need to know about claiming on a funeral policy

### What happens when you claim

For us to consider your claim you must

1. Read page one and then complete the claim form part on page two.
2. Send page two of this claim form and the other documents we need back to us.

### What we will do within 48 hours after receiving the claim

- inform the person claiming if we need any other information, or
- inform the person claiming about our decision to either approve or decline the claim

### Who must claim

All benefits are payable to the policyholder:

- If the policyholder is the deceased then the benefit is payable to the beneficiary of the death benefit.
- If there is no beneficiary appointed then the benefit is payable to the nominee for ownership.
- If there is no beneficiary or nominee then the benefit is payable to the next insured as indicated in the policy contract.
- If there are no further lives insured then the benefit is payable to the person appointed by the family.
- If the person receiving the money is a minor then the legal guardian must claim.

If you are not sure who must claim, please contact us at the numbers below.

### What to send us

#### Cause of death: Natural (for example illness)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the claimant's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- BI 1663 completed by the doctor who certified the death.

#### Cause of death: Unnatural (for example accident/ murder)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the claimant's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- BI 1663 completed by the doctor who certified the death.
- Fully completed SAPS statement (SLFC002E).

#### Still-born child

- This completed funeral claim form.
- A certified copy of the identity document of the still-born child's mother.
- Notice of stillbirth.
- A letter from the doctor who was present at the baby's birth, confirming the mother of the child and at how many weeks the child was born.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.

### How to send us the information or get help



[deathclaimsfamily@sanlam.co.za](mailto:deathclaimsfamily@sanlam.co.za)



Fax us at  
(021) 947 4487



Visit your nearest Sanlam  
office



Ask your Sanlam adviser  
or broker to assist you



Call Sanlam Death Claims  
Call Centre at  
0861 106 180

For Namibian policies refer to [claims.affluentsupport@sanlam.com.na](mailto:claims.affluentsupport@sanlam.com.na) or contact our Sanlam Namibia office at +264 61 294 7440



# Funeral claim form

Policy number \_\_\_\_\_

We will look at and consider your claim as soon as you send this claim form and all required documents (refer to "What to send us" on page 1) to us.

### 1. Particulars of deceased

Title, Full name and surname \_\_\_\_\_

Identity number of deceased \_\_\_\_\_

Occupation of deceased \_\_\_\_\_

Employer of deceased \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_

Describe the exact cause of death \_\_\_\_\_  
\_\_\_\_\_

Was the deceased a stillborn or uninsured child? Yes  No

### 2. Details of undertaker

Company name: \_\_\_\_\_ Undertaker company number \_\_\_\_\_

Contact person \_\_\_\_\_

Business postal address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Place of burial or cremation \_\_\_\_\_ Date of burial or cremation \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/ccyy)

### 3. Details of doctor who certified the death

Full name and surname \_\_\_\_\_ Practice code \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Where did the death occur? Hospital  Clinic  Home  Other  Admission number \_\_\_\_\_

### 4. Details of the person who is claiming (claimant)

The claim was submitted by (Mark the applicable option with an "X")

- Policyholder       Beneficiary for death benefit       Appointed by family
- Beneficiary or nominee for ownership       Next insured

Full name and surname \_\_\_\_\_

Relation to deceased \_\_\_\_\_ Identity number \_\_\_\_\_

Postal address \_\_\_\_\_

Postal/Zip code \_\_\_\_\_

Telephone number (home) (\_\_\_\_\_) \_\_\_\_\_ Telephone number (work) (\_\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_\_) \_\_\_\_\_ Cell phone number \_\_\_\_\_

e-mail address \_\_\_\_\_

Policy number \_\_\_\_\_

**Bank details** (Attach valid proof of account)

Account holder  Policy holder  Beneficiary of death benefit  Apponeted by family  
 Beneficiary or nominee of ownership  Estate  Next insured

**Natural person**

Account holder full name and surname \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd/mm/ccyy) Gender: Male  Female 

Country of birth \_\_\_\_\_ Relation to deceased \_\_\_\_\_

Type of identification Identity document\*  Passport  *copy of applicable document compulsory*

Number \_\_\_\_\_ Country of issue \_\_\_\_\_

Passport expiry date \_\_\_\_\_ (dd/mm/ccyy)

\*Provide a copy of your Identification document or Identification Smart card

Country and/or Country of citizenship/Nationality RSA  Other country Yes\*  No 

\* If "Yes", please give other country \_\_\_\_\_

Income tax number \_\_\_\_\_ Tax office \_\_\_\_\_

Income tax year ends on \_\_\_\_\_ (dd/mm/ccyy)

**Address and contact numbers**

Residential / Business address \_\_\_\_\_ Postal-/ Zip code \_\_\_\_\_

Telephone number Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Cell \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_

Account number \_\_\_\_\_ Branch code \_\_\_\_\_

Account type  Current (cheque)  Savings  Transmission**Protection of Personal Information**

Sanlam Life, a subsidiary of Sanlam Limited, will process and protect the personal information as required by relevant laws and the constitution of the RSA. For further information please refer to our Privacy Notice on [www.sanlam.co.za](http://www.sanlam.co.za).

**Declaration by claimant**

I, the claimant declare that:

- I have completed this document or someone has completed it for me with my approval.
- I understand the information in this document.
- The information in this document is correct.

Full name(s) and surname \_\_\_\_\_

Identity number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)