



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



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 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.

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)