# **Death claim individual**

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 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.

#### 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 certified copy of the deceased's marriage certificate or divorce order
- 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:

<ul> <li>copy of the notification/registration of death – form DHA1663</li> <li>certified copy of your ID document</li> </ul>						<ul> <li>certified copy of the child's abridged birth certificate</li> <li>guardianship letter</li> </ul>				
The deceased										
Surname						Initials				
ID				T		Date of death	d d m m	у у у у		
Street address						Last occupation				
						Employer				
						Tel – employer				
			Code	e		Marital status	single married divorced	d widowed		
Were there other polic	ies on the life of	the deceas	ed? If <b>ves</b> . o	iive the p	olicv num		<u> </u>	widowed		
1.			·· <b>,</b> , s	,  -		3.				
2.						4.				
If death was due	e to natural	causes –	illness			<u>'</u>				
What illness caused the										
Date on which the illne		d d	mm	у у	ууу					
Other symptoms notic		$\sqsubseteq$								
eg headache Did the deceased suffe	er from a chronic	illness? If	<b>ves</b> , give the	e date of	diagnoses	and description of me	edication.			
			<b>, (3)</b>	c date of	alag.roses	<u> </u>				
Name of regular doctor						Tel				
Name of treating hospital						Tel				
If death was du	e to unnatur	al cause	s – like ar	accide	ent					
What caused the death?										
Did this happen during	g official duties? yes no					Any evidence or su	yes no			
SAPS station where incident was reported						Case no				
Name of investigating officer						Tel				
Some additional docu	uments we coul	d ask for								
<ul> <li>copy of the autops</li> <li>accident report</li> </ul>		driver's lice A1 stateme				tigating officer's report hol results	<ul><li>medical documents from</li><li>sick-leave register</li></ul>	n hospital or doctor		
• accident report  If there was an a					nood alco	norresuits	3 Sick leave register			
The deceased was	the driver	a pas	ssenger	a ped	lestrian	Did the driver have	e a valid driver's license?	yes no		
About the funer	al									
Name of undertaker						Date of funeral	d d m m	у у у у		
Street address						Street address				
of undertaker						where funeral will take place				
			Code				Cod	le		
Tel – undertaker						Contact person at undertaker				

## **About Assupol**

Assupol Life Ltd - reg no 2010/025083/06 Authorised financial services provider. FSP53. 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



Policy number							SERVI	NG THOSE WHO	SERVE SINCE 1913	
About you, the	person clair	ning								
Surname						Initials				
ID						Relation to deceased				
Cell						Tel – work				
E-mail						Tel – home				
Street address						Postal address				
						1				
			Code			J		Cod	le l	
Job title						Employer				
Bank account i	nto which ca	sh benefit	s must be	e paid						
Account holder										
ID						Type of account	current	savings	transmission	
Name of bank						Name of branch				
Account number						Branch code				
On-Call Plus –	if it applies			Thi	s benefit	is explained in a bro	ochure which you	can get at ww	w.assupol.co.za	
The <i>instant</i> Groceries <sup>™</sup> benefit is paid by sending a code to your cellphone. You are responsible to safe-guard your cellphone and code. The <b>premium-payback</b> applies if the full On-Call Plus benefit of a life insured is claimed 100% as instantGroceries <sup>™</sup> . The instantGroceries <sup>™</sup> will be increased by an amount equal to all the premiums paid for the On-Call Plus benefit of the deceased. The premium-payback also applies automatically for On-Call Plus benefits that started before 1 August 2017, but it is calculated only on premiums paid for the On-Call Plus benefit of the deceased from 1 August 2017.										
Do you choose the fo			(	yes	no	J 				
Should you answered <b>no</b> to the above, choose one or more of these five benefits – up to the total benefit amount:  The transport benefit provides vehicle and rental at discounted rates. The vehicle rental is subject to the contract provisions of the rental company. The most important of these are that you must have a valid driver's licence, pay a										
instantGroceries ™	%	Airtime		%	deposit for toll-fees and fuel, and sign a letter accepting responsibility for traffi fines and insurance excesses for damage to the vehicle. We will contact you to					
Transport	%	Electricity		%		arrange the vehicle r			•	
Pay into bank account										
						your account in cash.				
	e at 0800 002 614	. If you don't				nselling or assistance wit ur own pocket. Your Ass				
If you need assistance about your claim, contact us on 0861 235 664.										
Memorial bene	efit									
This benefit allows parents indicate your	•	•	r the funera	al and ca	an be paid	out to you in either 5 m	onths or 11 months.	5 months	11 months	
Medical Contribution Protector benefit										
This benefit can be p medical scheme.	oaid in a lump-sur	m, or in montl	nly amounts	s. If you	choose th	at it be paid in monthly a	amounts, it can be pa	id into your bank	account or to your	
How do you want us	to pay it?	ump-sum	Month	ly	) To wh	om must we pay the mo	onthly amounts?	Your account	Medical scheme	
I, the person cl	aiming, decl	are								
I have not withheld Everything in it is true				ool Life i	needs to c	onsider and finalize this	s claim. This form ha	s been complete	d fully and correctly.	
finalize this claim – an hospitals, insurers, cr	mong others, abo edit bureaus, prev	out the deceas vious and pres	ed's medica ent employ	al treatm ers, and	nent. You i Lany state (	ns and entities informat may get the information department or official. To nefits has been explaine	and documents from authorize all such other	, among others, r er persons and en	nedical practitioners, tities to provide such	
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	ууу	у	

## **About Assupol**