



Death Claim Form 2020

Any cost incurred in the completion of this form will be the responsibility of the Insured Person or the Beneficiary.

Section 1: Deceased Details

Name of Eligible Member:			
Membership/Identity Number:		Date of Birth:	
Occupation:			
Address (Residential):			
			Code:
Postal Address:			
			Code:
Contact Number (Office):			

Beneficiary Details

Title:		Name:		Surname:	
ID Number:		Gender:	M	F	
Relation:		Email:			
Contact Numbers:		Alternative Number:			

Beneficiary's Banking Details

Name of Account Holder:		Name of Bank:	
Branch Name:		Account Number:	
Branch Code:		Account Type:	
Date:	D D	M M	2 0 Y Y
Signature:			

Section 2: Death Event

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

PLEASE NOTE THAT YOU HAVE 6 MONTHS FROM THE DATE OF DEATH TO SUBMIT THIS CLAIM.

The following information should be provided as and when it becomes available: (All certified copies must not be more than 3 months old)

- A. Certified copy of the deceased and beneficiary's ID documents. (Compulsory)
- B. Certified copies of the abridged or final death certificate. (Compulsory)
- C. BI 1663 notification of death form, indicating the cause of death. (Compulsory)
- D. Beneficiary bank statement. (Compulsory)
- E. Marriage certificate/Affidavit/letter of authority. (Compulsory)
- F. The police accident report (Only if the death was the result of a motor vehicle accident)
- G. The police report and/or Statement by Police (if death is due to unnatural causes)
- H. Other documents may be requested in order to assess the validity of the claim.

ALL INFORMATION CAN BE SUBMITTED TO:

FAX NUMBER: 086 560 4945

EMAIL: funeralclaims@nbcrlfihealth.co.za



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