

DEATH CLAIM FORM

(To be completed by claimant)

Please note that it is essential to complete this form in full to prevent unnecessary delays as a result of missing information.

Where there is more than one beneficiary or policyholder, each claimant needs to complete and submit this form.

The following must be included when submitting this form:

- a. A certified copy of the death certificate
- b. A certified copy of the deceased's identity document
- c. A certified copy of the claimant's identity document
- d. BI-1663 (Certified copy of the form completed by the doctor at the time of death)
- e. A copy of the Police Report if the death was due to unnatural causes
- f. A certified copy of the letter of executorship in the event of no beneficiary nomination
- g. Proof of bank account details of the claimant (e.g. copy of original bank statement within 3 months)
- h. Proof of residence if address is not on the bank statement

Return the completed form and the above documents to claims@esuritylife.co.za

1. Deceased details

Full name _____

Identity no.

Y	Y	M	M	D	D										
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Relationship between claimant and deceased (e.g. father/son) _____

Name of employer prior to death _____

Occupation prior to death _____

2. Claimant details

Policy no. _____ Identity no. _____

Name of claimant _____

Date of birth

D	D	M	M	Y	Y	Y	Y
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 Work tel. no. _____

Home tel. no. _____ Cell no. _____

Email address _____

Physical address _____ Postal code _____

Postal address _____ Postal code _____

Employer's name _____

Occupation _____

3. Details of the death

Date of death

D	D	M	M	Y	Y	Y	Y
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In case the deceased passed away in hospital, please provide hospital details below

Name _____

Address _____

Postal code _____ Contact no. _____

Provide details surrounding the cause of death (in the case of unnatural death, please provide specific and accurate details to avoid an invalid claim)

In case of unnatural causes, please ensure that correct parties help fill in this section:

Name of police station where death was reported _____

Police case number (where applicable, e.g. unnatural causes) _____

Name of the investigating officer and contact number _____

Medical attendant who certified the death:	Name	_____
	Address	_____ Postal code _____
	Contact no.	_____

4. Declaration by claimant

I am entitled to make a claim on this policy and accept that the proceeds arising from this claim will be payable to:

- a. the person or entity listed in Esurity Life records if the policy has been transferred, otherwise to
- b. the nominated beneficiaries if the policyholder is deceased, or to
- c. the estate of the deceased policyholder if no beneficiaries have been nominated, or to
- d. the policyholder in all other circumstances.

I confirm that the statements above are true and complete. If this claim or any supporting documents are found to be fraudulent, Esurity Life reserves the right to take legal action against me.

5. Funeral parlor details

In the event that the claimant would like their policy lump sum to be paid to their funeral parlor of choice, please include the details below. Esurity does not hold any responsibility to any mistakes made during the submission of these details, please make sure the details are correct.

Name of funeral parlor _____

Address _____ Postal code _____

Contact no. _____

Bank name _____ Branch code _____

Account no. _____ Account type _____

Amount payable _____

Account reference _____

Please take note of the following Esurity Life disclosures:

Protection of Personal Information Act (POPIA)

Esurity Life cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

We are required by anti-money laundering legislation to obtain specific information from you and certain related parties to enable us to establish and verify your and related parties' identities. Related parties include, but are not limited to, the owner of the policy, a premium payer, a claimant, a beneficiary, the employer in a group scheme, and the main member and beneficiaries.

Please note that if we do not receive the information and documentation requested from you or from a related party within a reasonable time, we may be unable to provide you with insurance cover or pay a claim, and in terms of the anti-money laundering legislation, we will be required to cancel your policy, and any other existing policies after that.

Full name _____

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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