

BEREAVEMENT BENEFIT CLAIM FORM

Broker/Agent

Policy Number

TO BE PROVIDED BY THE CLAIMANT

1. Original/ certified copy of the printed death certificate must be supplied
2. Certified copy of B 1 – 1663 Certificate – certified copy
3. Certified copy of Identity book of deceased
4. Proof of employment if the claim is for your Domestic worker (UIF)

DETAILS OF POLICY HOLDER/CLAIMANT	Surname	
	Identity Number	
	Residential Address	
DETAILS OF DECEASED	Surname	
	Full Names	
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth	
	Residential Address	
	Postal Address	
	Telephone Number	
	Cell	
	Email Address	
	Relationship between deceased and claimant (e.g. the deceased is the father/son)	
	Relationship between deceased and policyholder (if claimant and policyholder are not the same)	
DETAILS OF THE DEATH OF THE DECEASED	Date	
	Time	
	Hospital/Place of Death	
	Hospital Telephone Number	
	Hospital Admission Number	
	Cause (Please give full details)	
	Date of Funeral	
	Cemetery Buried	

DETAILS OF DOCTOR WHO CERTIFIED DEATH	Name	
	Address	
	Telephone Number	
	Doctor Practice Number	
ELECTRONIC TRANSFER AUTHORISATION	Account Holder	
	Account Number	
	Name of Bank	
	Branch Code	
	Account Type	
	<p>I hereby request Compendium Insurance Brokers (Pty) Ltd on behalf of insurers to electronically transfer payments into my account as noted above.</p> <p>Policyholder's Signature</p>	
DECLARATION	<p>I/We declare that to the best of my/our knowledge the above statements are truly made.</p> <p>Policyholder's Signature Capacity..... Date.....</p> <p>Print Name.....</p> <p style="text-align: center;">"FRAUDULENT CLAIMS WILL BE PROSECUTED"</p>	