



## Funeral Claim Form

### MAIN MEMBER DETAILS

FIRST NAME		INITIALS	
SURNAME			
ID NUMBER		DATE OF BIRTH	d d m m y y y y

### CONTACT DETAILS

EMAIL	
TEL(HOME)	

CELL	
TEL(WORK)	

### POSTAL ADDRESS


### PHYSICAL ADDRESS


### PLEASE ATTACH THE FOLLOWING DOCUMENTATION

- ☐ Completed and signed claim form
- ☐ Certified copy of claimant's identity document
- ☐ Certified copy deceased identity document
- ☐ Certified copy deceased death certificate
- ☐ Police accident report where applicable-Unnatural causes

### PLEASE ATTACH THE FOLLOWING DOCUMENTATION

SURNAME		FIRST NAMES			
ID NUMBER		AGE	SEX	M	F

DATE OF DEATH		PLACE OF DEATH		OCCUPATION	
---------------	--	----------------	--	------------	--

### CAUSE OF DEATH

--

### DETAILS OF HOSPITAL ADMISSION

HOSPITAL NAME			
DATE ADMITTED		CONTACT NO.	