



Holdings (Pty) Ltd

A Juristic Representative under FSP license number 31213



227 Lynnwood Road, Brooklyn, 0181

Office Numbers: 087 110 0973

012 940 2616 or 012 362 0143

Fax: 086 673 2150

e-mail: info@sapufuneral.co.za

CLAIM NOTIFICATION FORM

POLICYHOLDER DETAILS:

Policyholder / Principal Member: _____

Policy No: P020303 Scheme No: S017421 Member Policy No: _____

Amount Claimed: R _____

Policy Transferred from Workers Life: ☐ Yes ☐ No (If yes, attach latest Workerslife Contract)

DECEASED DETAILS:

Principal Member was actively employed at the date the death occurred: ☐ Yes ☐ No

Name and Surname of Deceased: _____

ID Number of deceased: _____ Relationship to Principal Member: _____

Date of Birth: _____ Date of Death: _____

Cause of Death: Natural ☐ Accidental ☐ Suicide ☐

SETTLEMENT OF BENEFIT:

Electronic Funds Transfer

Bank Account Holder: _____

Bank Name: _____ Branch Name: _____ Branch Code: _____

Bank Account No: _____

ADDRESSES FOR SENDING OF ALL CLAIM CORRESPONDENCE:

Postal Address: _____

E-mail Address: _____

Cell Number: _____ Telephone: _____ Fax: _____

Signature of Policyholder / Claimant: _____ Date: _____

Name of Policyholder / Claimant: _____ Designation: _____

BENEFIT CLAIMED:

- | | | | |
|---------------------------------|------------------------------------------|------------------------------------------|--------------------------------------|
| • Funeral Benefit | <input type="checkbox"/> Full Family | <input type="checkbox"/> Extended Family | <input type="checkbox"/> Wider Child |
| • Income Replacement (6 Months) | <input type="checkbox"/> Main Member | | |
| • Accidental Death | <input type="checkbox"/> Full Family | <input type="checkbox"/> Extended Family | |
| • Umncwabo / Inkomo / Beef | <input type="checkbox"/> Main Member | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child |
| | <input type="checkbox"/> Extended Family | <input type="checkbox"/> Extended Child | |

FOR CLAIMING PURPOSES PLEASE SEND PAGE 1 ONLY TO:

Fax Number: 086 673 2150 or E-mail address: dibanani@khanyisabrokers.co.za

or

Postal Address: 227 Lynnwood Road, Brooklyn, 0181

NB!! To avoid delays, please send claim forms to dibanani@khanyisabrokers.co.za and not to individual members



Tel: (011) 482 5452

Fax: 086 542 0506

147 Bram Fischer Drive, Ferndale, 2194

dibanani@khanyisabrokers.co.za

An Authorised Financial Services Provider: License Number – 31213

SUMMARY OF DOCUMENTATION TO BE ATTACHED TO SUBSTANTIATE THE CLAIM:

1. **Proof of Death** - original or certified copy attached:

☐ **BI-5** ☐ **BI-20** ☐ **BI-18** ☐ **BI-1663**

2. Certified copy of Principal Member's Identification Document for South African citizens
4. Certified copy of Principal Member's Passport for foreign nationals
5. Certified copy of deceased's Identity Document for South African citizens
6. Certified copy of deceased's Passport for foreign nationals
7. Copy of Principal Member's most recent pay slip / schedule for the month in which the death occurred
8. Copy of the beneficiary's bank statement reflecting bank name, account number and account holder's details
9. Applicable supporting documents. (refer to page 3 & 4 for details)
10. Beneficiary must present their original ID (if a South African citizen) or Passport (if a foreign national) when collecting a cheque from any of the Safrican offices.

Drivers' License Cards will not be accepted. Passports for SA Citizens are not acceptable.

DETAILED DESCRIPTION OF DOCUMENTATION TO BE SUBMITTED WITH THE CLAIM NOTIFICATION FORM

1. **Proof of Death:**

- (BI-5) Original computer produced or faxed certified copy of Death Certificate, for all people with a valid South African Identification Document or who are registered on the South African population register
or
- (BI-18) Original or faxed certified copy of unabridged Death Certificate
or
- (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents, or in respect of all people not registered on the South African population register
and
- A copy of the BI-1663 (Notification of death)

Documentation submitted, other than those requested, will not be accepted. Only Proof of Death stamped with the Official Home Affairs stamp, with the number in black, will be accepted.

Driving License Cards are not acceptable as proofs of identity.

Certified Documents:

Name, signature, organisation, date, address and telephone details to be clearly indicated on documents certified by a Commissioner of Oaths.

2. Certified copy of Principal Member's Identification Document for South African citizens
3. Certified copy of Principal Member's Passport for foreign nationals
4. Certified copy of deceased's Identity Document for South African citizens
5. Certified copy of deceased's Passport for foreign nationals
6. Copy of Principal Member's most recent pay-slip (for the pay period immediately prior to death or month in which the death occurred).
7. Copy of Principal Member's application form.
8. Copy of the beneficiaries bank statement reflecting Bank name, account number and account holder's details
9. **Supporting documents in respect of:**
 - If the child has attained age 22 (twenty two) years but has not yet attained age 26 (twenty six) and is a full-time student, the following must be submitted:
 - Last academic report from a recognised educational institution, to confirm full-time study at the time the death occurred. Part-time & correspondence students are not covered.

- Children who are mentally retarded or totally and permanently disabled (as determined by Safrican), before age 22 years, who are unable to care for themselves, any one of the following must be submitted:
 - Confirmation satisfactory to Safrican of a State Disability Grant
 - Medical Aid application of Principal Member
 - Medical Report
 - An illegitimate / adopted child:
 - Proof of such illegitimacy or adoption must be attached.
 - Where the surname of deceased (spouse or child) is different to that of the Principal Member:
 - an explanation for the difference in surname and submit supporting documents.
 - Affidavits are not accepted for children over 1 (one) year old.
 - In respect of the surname difference of a spouse, any 2 (two) of the following:
 - Marriage Certificate
 - Letter from Tribal Chief, signed and stamped.
 - Company Beneficiary Nomination Form. The document must have been completed at least six months prior to death (Employer Plans only).
 - Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit).
 - Medical Aid card reflecting dependents' details.
 - Any legal policy document where the spouse has been nominated at least 6 (six) months prior to death.
 - In respect of the difference of surname of a child - any 2 (two) of the following:
 - Birth Certificate reflecting both parent details (BI-19)
 - Adoption papers
 - Baptismal Certificate reflecting both parent details (for Eligible Children age 5 years and younger).
 - Marriage Certificate and Birth Registration in respect of Stepchildren
 - Medical Aid Membership card reflecting the Eligible Child's details
10. Please note that all persons insured under the policy must be related to the principal member and / or policy payer, and the principal member and / or policy payer must have an insurable interest in all insured persons under the policy
11. **Accidental Death Benefit:**
In respect of an Accidental Death Claim, together with the documentation as required for the category of a Principal Member, Spouse, Child and/or other dependent, a medical report from a medical specialist and/or a police report must be submitted, clearly indicating how, where and when the bodily injury was sustained.
12. A police report is compulsory for all the unnatural deaths.
13. The Beneficiary of a claim collecting a benefit cheque must produce Identification.

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess the claim.

SAFRICAN CONTACT DETAILS:

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Johannesburg, 2000
Tel: (011) 778-8000
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086 677 3224

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