

Death Claim form Application for a death claim

Where to get more help



Ask your Sanlam adviser or broker to assist you



Visit your nearest Sanlam office



Call Sanlam Death Claims Call Centre at (021) 916 3456



You can find a Death Claims Guide on the web at www.sanlam.co.za/claims

How to send us the information

Please return the form, a certified copy of the death certificate and bank statements of beneficiaries, cessionaries and the estate to us in one of the following ways:



Policy Death Claims, PO Box 1, Sanlamhof 7532



deathclaims@sanlam.co.za



Fax us at (021) 947 3989



Ask your Sanlam adviser or broker to assist you

Next steps after we receive the information

Once we receive the information we will:

- Send a sms or email confirmation, if you have provided us with those contact details.
- Consider the claim taking into account all the information that you have provided.
- · Let you know if we need any other information.
- Communicate our decision to the persons involved.

Funeral Transport Benefit and other immediate expenses benefit (DSF1/5) and Funeral benefit (FSC2)

At the death of the life insured on the above mentioned benefit, FMS Marketing Solutions (FMS) will arrange for the transportation of the deceased to a South African funeral parlour nearest to the place of burial, as long as the place of death is in the Republic of South Africa, Namibia, Zimbabwe, Botswana, Swaziland, Lesotho or Mozambique, south of the 22-degree parallel. One relative may accompany the deceased and, if necessary, overnight accommodation will be arranged by FMS. If their normal requirements are met, FMS will provide the service free of charge.

To make use of this service, contact FMS at telephone 0860 004 072.

What to send to us

Cause of death: Natural (for example: an illness)

- This completed death claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- Valid proof of the bank account and a certified copy of the identity document of the beneficiary/plan holder/cessionary.
- A copy of the Letter of Executorship issued by the Master of the High Court (if no beneficiary appointed).
- Valid proof of the bank account in the name of the estate (if no beneficiary appointed).
- Notice of death (BI 1663) completed by the doctor who certified the death (for funeral benefit and funeral and other immediate expenses benefit).
- In certain cases, contract validation will be conducted which amongst other, may require a medical certificate to be submitted.

Policy number	

What to send to us (continued)

Cause of death: Unnatural or unknown (for example accident/murder)

- This completed death claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- Valid proof of the bank account and a certified copy of the identity document of the beneficiary/plan holder/cessionary.
- A copy of the Letter of Executorship issued by the Master of the High Court (if no beneficiary appointed).
- Valid proof of the bank account in the name of the estate (if no beneficiary appointed).
- Notice of death (BI 1663) completed by the doctor who certified the death (for funeral benefit (FSC2) and funeral and other immediate expenses benefit (DSF1/5)).
- Fully completed SAPS statement (SLDC002E).
- Road accident report for accidental death benefits (if cause of death was a motor vehicle accident).
- Judicial inquiry and post mortem report (including J56 and identification of body).
- Results of blood alcohol test (if done)
- In certain cases, contract validation will be conducted which amongst other, may require a medical certificate to be submitted.

Identify a comban	Date of death (dd/mm/ccyy)	
Identity number		
Select a cause of death (compulsory fi	,	
Cardiovascular disease e.g. hear		
Cerebrovascular disease e.g. stro	oke, aneurysm	
Cancer		
Respiratory disorder e.g. pneumo		
Blood disorder e.g. septicaemia,		
Endocrine disorder e.g. diabetes,	thyroid, pituitary glands, malnutrition	
Urinary disorder e.g. kidney failur	e	
Gastro intestinal disorder e.g. gal	l bladder, liver, stomach, pancreas, Crohns	
Central nervous system e.g. Park	inson's, multiple sclerosis, epilepsy, motor neuron	
Motor vehicle accident		
Suicide		
Murder		
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	Surname				
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					Postal-/ Zip code
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	E-mail address				
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D.	Bank account p	articulars 1 (Attach valid pr	oof of account)	
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