



Family Expenses Southern Africa (Pty) Limited

Somerset Office Estate, 604 Kudu Street, Allen's Nek, Roodepoort 1737. PO Box 3294, Florida 1710.
Tel (011) 472 2020, Fax (011) 472 2055. Email: lifewise@mweb.co.za

FAMILY BURIAL PLAN

CLAIM APPLICATION & DISCHARGE

**EVERY QUESTION MUST BE COMPLETED IN FULL.
(Please complete in black ink)**

PLEASE NOTE THAT A CLAIM WILL ONLY BE CONSIDERED UNDER THE FOLLOWING CONDITIONS:

- Original/Certified copy of the PRINTED death certificate must be supplied (no photocopies or Abridged Death Certificate's will be accepted).
- Certified copy of ID book of deceased and claimant, certified by a LegalWise branch manager or Commissioner of Oaths must be supplied.
- The claim will only be processed on receipt of all the original documentation and no faxes will be acceptable.
- The nominated beneficiary must claim.
- A copy of the bank statement must be submitted for electronic payments.
- The BI 1663 form (details of death) from Home Affairs must be submitted.

Please return to:
LifeWise Claims Division,
PO Box 3294,
Florida 1710.
Tel 011 472 2020.
Fax 011 472 2055.

Policy number

Full name of policy holder

DECEASED'S DETAILS

Full names and surname

ID number

Residential address

Postal address

code

Occupation prior to death

Work address

code

Name of employer prior to death

Telephone number of employer prior to death

Name & telephone number of next of kin (not claimant)



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DETAILS OF DEATH

Date of death _____

Address of hospital/place of death _____

Telephone number of hospital/place of death _____

Hospital admission number/ patient number _____

Cause of death (Natural or Unnatural).
If "Unnatural Death" please explain the circumstances that lead to the death

Date of funeral _____

Place/cemetery to be buried _____

Name and details of person responsible for payment of funeral _____

Name of funeral parlour _____

Address of funeral parlour that directed the burial _____

Telephone number of funeral parlour that directed the burial _____

Police station where death was reported _____

Police case number (where applicable, e.g. Unnatural Cause) _____

Investigating Officer and telephone number _____

Name, address and telephone number of doctor who certified death:

DETAILS OF NOMINATED BENEFICIARY/CLAIMANT WHO IS SUBMITTING THIS CLAIM

Full names and surname

ID number

Residential address

code

Postal address

code

Work telephone number

Home telephone number

Cellular telephone number

Employer name and work address

code

Telephone number of employer

Relationship between claimant and deceased (e.g. father/son etc)

OTHER INFORMATION

Name of headman/ tribal chief

Address and telephone number of headman/ tribal chief

If deceased was a child - name, address, telephone number and name of school and principal



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DECLARATION OF NOMINATED BENEFICIARY/CLAIMANT WHO IS SUBMITTING THIS CLAIM

I _____ (full names printed), declare that the facts and details in this application are accurate and true and correct. I agree and understand that should any of the facts, documentation or information provided, not be true or correct in any way whatsoever, The Company reserves the right to cancel this policy and to proceed with the appropriate action against the claimant.

Signature of beneficiary _____ Date _____

Full names and surname of beneficiary _____

Signature of witness _____ Date _____

Full names and surname of witness _____

Contact Tel of beneficiary _____ Contact Tel of witness _____

PAYMENT DETAILS

I, the beneficiary, request the cheque be made payable to _____

I, the beneficiary, request that payment be made into the following bank account

Name of account holder _____

Bank name _____

Bank Account number _____ Branch _____

Account holder's Signature _____ Date _____

Beneficiary's Signature _____ Date _____

The binder holder, LifeWise has entered into an agreement with the insurers which authorises it to enter into, vary or renew an insurance policy and settle claims. For performing the above mentioned functions, the binder holder is paid a maximum fee of 20% of gross written premium.

OFFICE USE ONLY

- A. Policy document checked, endorsed, and returned to beneficiary. Yes No I _____ (full names printed),
B. Original death certificate received. Yes No of _____ Branch, certify that
C. Correctly certified copy of claimant's identity document. Yes No items A, B, C, and D were checked by myself.
D. Correctly certified copy of deceased' identity document. Yes No I also certify that the death verification was processed by myself.

Signature: _____ Date: _____

Binder Disclosure: The binder holder, LifeWise, has entered into an agreement with Hollard Life Assurance Company Limited, an Authorised Financial Services Provider, which authorises it to enter into, vary or renew an insurance policy, collect premiums and settle claims. For performing the abovementioned functions, the binder holder is paid a maximum fee of 20% of gross written premium.