Legal Expenses Accidental Death Benefit Claim Form



claims@legalwise.co.za www.legalwise.co.za

$NB.\ Please\ attach\ the\ following\ documents:$

- $\blacktriangleright \ \ \text{Certified copy of the Death Certificate of the Main Member}.$
- ► Certified copy of the Nominated Beneficiary's ID or Passport.
- ▶ Nominated Beneficiary / Executor's Bank Statement.
- ➤ Notice of Death (BI 1663 Form)
- ▶ Police Declaration Form.
- $\blacktriangleright \ \ Letter of \, Executorship, if the \, Deceased \, did \, not \, nominate \, a \, Beneficiary.$

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Particul	1. Particulars of Deceased																								
		ı																							
LegalWise Membership No																									
Surname																				Т	'itle				
First Name/s																									
ID No														Г	ate o	f Birtl	n [Y	Y	Y		M	M	D	D
Date of Death	Y	Y	Y	Y	M	M	Ι	D																	
Name of Doctor	who c	ertifi	ied De	eath																					
Practice No																									
Doctor Address																									
Doctor Tel No												Doc	tor C	ell No											

If the claimant is the Nominated Beneficiary, complete section 2 and 4. If the claimant is the Executor, complete section 3 and 4.

2. Particu	2. Particulars of Nominated Beneficiary																								
Surname																				Ti	itle				
First Name/s																									
ID No														Ε	ate c	f Birt	h	Y	7 3	Y		М	M	D	D
Postal Address																									
																			Pos	tal Co	de				
Residential Address																									
																			Pos	tal Co	de				
Tel Home													Tel V	Vork											
Cell No																									
E-Mail																									

3. Executor's	s deta	ils																						
Surname																			Т	itle				
First Name/s																								
ID No													E	ate o	of Birt	h	Y	7 Y	Y		M	M	D	D
Firm Name																								
Estate No																								
Postal Address																								
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Business Address																								
Tidaress																		Pos	tal Co	ode				
Tel Home												Tel V	Vork											
Cell No	İ																							
E-Mail																								
4. Bank deta	ils (pl	leas	e at	tach	pro	oof	of b	ank	ing	det	ails	of t	he l	Von	nina	ted	Ber	nific	iary	7/E>	ecu	ıtor)	
Name of Account H	Holder																							
Name of Bank																								
Account No																								
Branch Name																Bran	ch Co	ode						
Account Type																								
5. Cause of I	Death																							
3. Gaase 61 1	Jeann	•																						
Describe the cause of	of death	:																						
LegalWise and LEZA	are con	nmi++	ed to	nroto	cting	VOLIT	nriva	777 20	nreco	rihed	in the	Dro+	ection	of D	erson	ial Inf	orma	tion /	יזם 🔾 כ	Δα+ Δ	of 20)17 D-	u nro	ridina
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I, the undersigned, c services only.				etails p	orovid	led ar	e con	rect. 1	Furth	er, I c	onser	nt to r	ny ini	forma	ation	being	used	for th	ne pu	rpose	s of L	.egalV	Vise re	elated
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Claimant's Signature	e													Date	Y	Y	Y	Y	M	M)	

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