

## Legal Expenses Accidental Death Claim Form LegalWise Legacy Accumulator Benefit Claim Form

www.legalwise.co.za

## NB. Please attach the following documents:

- > Certified copy of the Death Certificate of the main Member.
- > Certified copy of the Nominated Beneficiary's ID or Passport.
- > Letter of Executorship, if the Deceased did not nominate a Beneficiary.
- > Certified copy of the ID document of the deceased.
- > Nominated Beneficiary / Executor's Bank Statement.
- > Notice of Death /Stillbirth (DHA-1663).
- > Post mortem / inquest report where applicable.

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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. Particulars of Deceased																										
LegalWise Membership No																					1					
Surname																					] 7	Title		$oxed{oxed}$		
First Name/s																										
ID No															Date	of Bir	th	Y	Y		Y	7	M	M	D	D
Date of Death	Y	Y	Y	Y	M	M		D	D					_												
Name of Doctor who certified Death																										
Practice No																										
Doctor Address																										
Doctor Tel No												D	octor	Cell 1	10											
If the claimant is the Nominated Beneficiary, complete section 2 and 4.  If the claimant is the Executor, complete section 3 and 4.  2. Particulars of Nominated Beneficiary																										
Surname																					] 7	Title				
First Name/s																										
ID No															Date	of Bir	th	Y	Y		Y	7	M	M	D	D
Postal Address																										
																				Pos	stal C	ode				
Residential Address																										
																				Pos	stal C	ode				
Tel Home													Te	el Wor	k											
Cell No																										
E-Mail																										

3. Executor's details																									
Surname																				Ί	itle				
First Name/s																									
ID No														D	)ate o	f Birt	h	Y	7 3	7 3	7	M	M	D	D
Firm Name																									
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Name of Bank																						<u> </u>			
Account No																1									
Branch Name																	Bran	ch Co	ode			<u> </u>	<u> </u>		<u> </u>
Account Type																									
5. Cause of	De	ath																							
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Describe the caus	e oi o	aeatn	.:																						
LegalWise and LEZ your personal info used properly, law related accidental of	rmat fully,	ion, y secu	ou co rely a	onser nd tra	it to y	our in	form	ation	being	g colle	ected:	in ord	er to	gain a	ccess	to or	ır pro	ducts	and s	ervic	es. Y	our ir	forma	ation v	will be
I, the undersigned services only.					etails j	provid	ded ai	re cor	rect. I	Furth	er, I c	onser	nt to n	ny inf	forma	ition l	being	used	for th	ne pu	rpos	es of i	Legall	Vise r	elated
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Claimant's Signat	ure													l I	Date	Y	Y	Y	Y	M	M				

LegalWise South Africa (RF) (Pty) Ltd (Reg. No 1999/003661/07) is an Authorised Financial Services Provider (FSP 50292). The LegalWise Membership Agreement is underwritten by Legal Expenses Insurance Southern Africa Limited (LEZA) (Reg. No 1984/010574/06), a licensed insurer conducting non-life insurance business and a licensed controlling company, and Authorised Financial Services Provider (FSP 17008).