

# Easy guide to complete the **Funeral Claim** form



- To apply for a funeral claim, the Funeral Claim form must be completed and submitted to us.

In addition to the completed form, we also need the following supporting documents to process your request:

- **Proof of identity for the claimant**
  - Copy of South African identity document; or
  - Copy of passport; or
  - Copy of birth certificate)
- **Proof of identity of the deceased**
  - Copy of South African identity document; or
  - Copy of passport; or
  - Copy of birth certificate
- **Proof of bank account details into which the claim will be paid**
  - Bank statement stamped by bank; or
  - Cancelled cheque; or
  - Salary advice with full account number

**The above should not be older than 3 months.**
- **Certified copy of death certificate of the deceased.**
- **Fully completed police report, if the cause of death is unnatural, accidental or suicide**
- **Copy of BI-1663 or DHA-1663 or BI-1680**

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## **Complete the form and agree to Ts & Cs**

- **This is an electronic form with fillable fields.**
- To complete the form, simply click on the text field or checkbox.
- Complete all the required information on the form.
- Please read and agree to the Terms and Conditions.

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## **Submit the documents**

- **Once completed, you can send the form and all supporting documents to us by:**
- Email: **deathclaims@sanlamsky.co.za**; or
- Fax: **+27 (0) 11 388 3011**
- Please remember to submit all supporting documentation with your form, as we will not be able to process your request without these.

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## **What to expect**

- We will send you a notification once we receive your form.
- We will process your instruction once we receive all the required documents.
- You will receive confirmation once your instruction has been processed.

To claim, please complete this form and send it back to us by post; email; fax or hand it in at your nearest Sanlam Client Service Centre. Our contact details are:

Physical address Sanlam Business Park, 13 West Street, Houghton, 2198  
 Postal address PO Box 1941, Houghton, 2041, South Africa  
 Email deathclaims@sanlamsky.co.za  
 Telephone 0861 235 433  
 Fax 011 388 3011

Attach the following documents to the completed claim form:

1. Certified proof of identity for the claimant (certified copy of ID or certified copy of birth certificate or certified copy of passport)
2. Certified proof of identity for the deceased (certified copy of ID or certified copy of birth certificate or certified copy of passport)
3. Proof of bank account into which the claim will be paid (bank statement stamped by the bank or cancelled cheque or salary advice)
4. Certified copy of death certificate of the deceased
5. Fully completed police report, if the cause of death is unnatural;accidental; or suicide
6. Certified copy of BI-1663 or DHA-1663 or BI-1680.

<b>A. Details of claimant</b>		<b>Policy Number</b> _____
Surname _____	Title and initials _____	
Full names _____	Contact number _____	
Date of birth Y Y Y Y / M M / D D _____	Passport / ID number _____	
Email _____	Relationship to the deceased _____	
Postal address _____	Code _____	
Residential address _____	Code _____	

<b>B. Details of the deceased</b>	
Surname _____	Title and initials _____
Full names _____	Passport / ID number _____
Last known address _____	Code _____
Date of birth Y Y Y Y / M M / D D _____	Date of death Y Y Y Y / M M / D D _____
Cause of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide	
Death certificate serial number _____	BI-1663 or DHA-1663 serial number _____

<b>C. Bank account details to which policy benefit must be paid</b>	
Account holder _____	
Bank name _____	Branch _____
Account number _____	Branch number _____
Account type <input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission	
Signature of claimant _____	Date Y Y Y Y / M M / D D _____

<b>E. Declaration by claimant</b>	
Should any benefits be payable to me, I, the undersigned, authorise Sanlam Developing Markets Limited to pay the benefits into the above account, and release Sanlam Developing Markets Limited from any responsibility and/or further claims from this policy, if payment is made into an incorrect bank account that I gave.	
Signature of claimant _____	Date Y Y Y Y / M M / D D _____