

## MIWAYLIFE DEATH CLAIM FORM

**NB: Please select preferred method of communication.**

Email  WhatsApp  Tel.

### Section A: Policyholder's details

Policy Number	
Name and Surname	
ID Number	
Date of Death	
Cause of Death	
Place of Death	

**Section B: Details of the Family Doctor/Hospital/Clinic/Specialist who attended to the deceased or issued prescriptions during the ten years leading up to his/her death. This section must be completed by the claimant.**

#### Doctor 1

Dr. \_\_\_\_\_ Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Consultation date(s) \_\_\_\_\_

Please give a short description of the reason for the consultation.

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#### Doctor 2

Dr. \_\_\_\_\_ Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Consultation date(s) \_\_\_\_\_

Please give a short description of the reason for the consultation.

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**Doctor 3**

Dr. \_\_\_\_\_ Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Consultation date(s) \_\_\_\_\_

Please give a short description of the reason for the consultation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hospital / Clinic**

Name of the Hospital/Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
Attending doctor \_\_\_\_\_ Contact details \_\_\_\_\_  
Consultation date(s) \_\_\_\_\_

Please give a short description of the reason for the consultation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Details around the Policyholder's death**

When did the conditions that caused the death of the insured life start? \_\_\_\_\_

Did the deceased commit suicide? YES  NO  Under investigation

Did his/her death result from any legal transgression? YES  NO  Under investigation

Name of medical aid \_\_\_\_\_ Medical aid number \_\_\_\_\_

Name of hospital/clinic where the Policyholder received last treatment. \_\_\_\_\_

Hospital/Clinic file number \_\_\_\_\_

**Section D: Employer details**

Employer's name \_\_\_\_\_ Contact number \_\_\_\_\_

Physical address \_\_\_\_\_

Postal code \_\_\_\_\_

**Section E: Details of Claimant**

Full First Name(s) and Surname \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential address \_\_\_\_\_  
 \_\_\_\_\_ Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

Employer's name and work address \_\_\_\_\_  
 \_\_\_\_\_ Code \_\_\_\_\_

Relationship to the deceased, e.g., Spouse/Father/Son/Permanent Life Partner/etc. \_\_\_\_\_

**Section F: Banking details of Claimant**

For security reasons, payment must be made directly into your bank account. No payment will be made in favour of a third party. It may take two additional working days to reflect. MiWayLife does not take responsibility if incorrect banking details are provided.

<b>Bank Name</b>	
<b>Branch code</b>	
<b>Type of account</b>	
<b>Bank account number</b>	
<b>Name of account holder</b>	

**Section G: Checklist**

Apart from this fully completed claim form, we require the following documents to assess and process your claim as quickly as possible. The documents you have provided will be indicated by ticking YES/NO below. As the claimant, it is your responsibility to provide any outstanding documents before we can assess your claim and make a decision.

**NB: All documentation must be certified by a Commissioner of Oaths.**

Required documents	Documents attached	
	YES	NO
Certified copy of death certificate (BI5)		
Certified copy of the South African ID document of the deceased		
Certified copy of the South African ID document of the beneficiary/ claimant		
Notice of death (BI1663) or notice of death by Traditional Leader (BI1680).		
Copy of the claimant's bank statement		
Additional in the event of an unnatural/ accidental death: Completed 'Statement by Police' form		
Additional in the event of the death of a child: Full certified copy of birth certificate showing the names of the parents		
Additional in the event of Still born benefit: Antenatal Records or Gestation Period Chart		
If no beneficiary was nominated, a certified copy of Letter of Executorship or Acceptance Letter		
An original, certified copy of the marriage certificate, if the spouse of the deceased is the beneficiary.		
Proof of authority to act on his/her behalf, if the claimant does not have legal capacity to act for himself/herself.		
Affidavit (If Claimant is not the spouse)		

Please check and confirm that the details provided are correct, clear and readable. NB: No claim will be assessed if the information is not fully completed and verifiable.

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### Section H: Declaration by Claimant

**Name and Surname** \_\_\_\_\_

**ID Number** \_\_\_\_\_

**Postal address** \_\_\_\_\_

**Code** \_\_\_\_\_

I, the claimant, hereby declare that I have handed in this claim form and the documentation indicated above/ attached to this claim form. I agree and understand that:

- Submission of the above information and documentation does not mean that the claim has been approved.
- No claim on the abovementioned policy will be assessed or processed until all the required documentation has been received by MiWayLife.
- Incomplete information or outstanding documentation may cause delays and / or may be requested later.
- MiWayLife reserves the right to request additional documentation or information it deems necessary to assess, verify or process the claim, which will be provided by me, the claimant, at my own expense; and
- Payment of this claim will be the full and final settlement of MiWayLife liability in respect of your current claim under this policy.
- I hereby irrevocably authorise MiWayLife to communicate any message or any information regarding this claim by use of Short Message Service (SMS).

I/we declare that to the best of my/our knowledge, all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

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### Section H: Authorization

I/we hereby authorize MiWayLife or any of its representatives to obtain any information regarding this policy from any doctor, insurer, or elsewhere that may be necessary to investigate this claim. I/we further authorize MiWayLife or any of its representatives to release my information regarding this claim to any other interested parties that it deems necessary in respect of this claim. I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestered.

**Signed at** \_\_\_\_\_ **on this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature of Claimant(s)/Legal Guardian/Parents/Trustee** \_\_\_\_\_

**Signature of Commissioner of Oaths/Justice of the Peace** \_\_\_\_\_

**Official Stamp**



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### MiWayLife Disclosures

#### POPIA

MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, we will treat this information with caution, and we have put reasonable security measures in place to protect it.

#### FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.

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