

Funeral Claim Form

Please note that a Claim will only be considered under the following conditions:

1. EVERY QUESTION MUST BE COMPLETED IN FULL.
2. Original / Certified copy of the printed (Home Affairs) death certificate (BI5) must be supplied (no abridged Death Certificate's will be accepted).
3. Certified copy of ID Book of deceased and claimant, certified by a Commissioner of Oaths.
4. Proof of Bank Account details of claimant (i.e. cancelled cheque or bank account statement), or estate account details in the event of no nominated beneficiaries).
5. Copy of the DHA 1663 – Notification of Death (obtainable from the doctor who certified the death or the undertaker)
6. Funeral Parlour Invoice including telephone number, physical address and stamp.
7. A fully completed police report (MiWayLife Police Report form) in the case of accidental/ unnatural death or death at home.
8. Attach copy of the Road Traffic Accident Report in case of a Motor Vehicle Accident.

Full Name of Insured: _____

Policy Number: _____

1. Details of Deceased

- a. Full Names and Surname: _____
- b. ID Number: _____
- c. Residential Address: _____
- d. Telephone Number at home, work and / or Cell: _____
- e. Postal Address: _____
- f. Name of Employer prior to death: _____

g. Occupation prior to death: _____

2. Details of Death

a. Date of Death _____

b. Hospital / Place of death, address and telephone number _____

c. Hospital admission number / patient number _____

d. Cause of death (please give Full Details – “Natural Causes” is not acceptable – we need circumstances leading to death; if “Unnatural Death”, please explain the circumstances that lead to the death):

e. Date of Funeral _____

f. Place / Cemetery where buried _____

g. Name of Funeral Parlour _____

h. Address and Telephone Number of Funeral Parlour that directed the burial

i. If unnatural or died at home please state Police station where death was reported _____

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

k. Investigating Officer and Telephone Number _____

l. Name, address and telephone number of doctor who certified death _____

m. Please give details of the circumstances surrounding death. (Attach Road Traffic Accident Report if Motor Vehicle Accident). _____

3. Details of Claimant

- a. Full Names and Surname _____
- b. ID Number _____
- c. Residential Address _____
_____ Code _____
- d. Postal Address _____
_____ Code _____
- e. Home Telephone Number _____
- f. Work Telephone Number _____
- g. Cell Number _____
- h. Employer Name and Work Address _____

_____ Code _____
- i. Relationship between claimant and deceased (e.g. father / son etc) _____

4. Other Information (if applicable)

- a. Name of Headman / Tribal Chief _____
- b. Address and Telephone Number of Headman / Tribal Chief _____

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

5. Declaration by Claimant

I (full names printed), declare that the above details are true and correct. In the event that this claim or any supporting documentation (or claim documentation) is found to be fraudulent MiWayLife reserves the right to proceed with the appropriate action against the claimant.

I, further irrevocably authorise any Doctor or any other person who has attended to the Insured, or any hospital or other institution which has medical information about the insured, to disclose such information to MiWayLife.

Signature of Claimant _____

Full Names and Surnames _____

Signature of Witness _____

Contact Number of Witness _____

ID Number of Witness _____

6. Payment Details

a. I request the cheque be made payable to: _____

b. Affiliation with the claimant _____

c. I request that payment be made into the following bank account in my name _____

Name of Account Holder _____

Bank Name _____

Branch Name _____

Bank Account Number _____

Branch Code _____

ID Number of Account Holder _____

Contact Number of Account Holder _____

Signature of Claimant _____ Date _____

Signature of Account Holder _____ Date _____

Office Use only (MiWayLife Regional Representative of Head Office)

- a. Policy document checked, endorsed, and returned to claimant
- b. Original death certificate received
- c. Correctly certified copy of claimant's identity document
- d. Correctly certified copy of deceased' identity document
- e. Correctly certified copy of DHA 1663
- f. Road Traffic Accident report

Yes		No
Yes		No
Yes		No
Yes		No
Yes		No
Yes		No

I _____, certify that items A,B,C,D,E and f where checked by myself. I also certify that the death verification was processed by myself.

Signature

Date