

# Death claim individual

Policy number

Dear Client. You must give us all information and documents necessary and sufficient to consider and finalize this claim. Our claim rules and practice apply. Please complete this form fully and correctly, and sign it where required, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail it to [claimsenquiries@assupol.co.za](mailto:claimsenquiries@assupol.co.za) or fax it to 0861 000 395.

We pay valid claims for funeral benefits within 24 hours, after we have received all required information and documents. Other benefits may take longer. Claims are audited randomly which could result in your claim to be delayed. Should your claim be selected, you will be informed immediately. If you need assistance about your claim, contact us on 0861 235 664, or visit any of our offices countrywide. Our offices are also open on Saturday from 08:30 to 13:00.

## Documents you must give to us

- this claim form – completed and signed as required
- certified copy of the original death certificate – form DHA5
- certified copy of the deceased's valid ID document with *deceased* or similar notice stamped on it
- certified copy of the deceased's marriage certificate or divorce order
- copy of the notification/registration of death – form DHA1663
- certified copy of your ID document
- copies of valid bank statements, not older than three months, of the bank account into which the benefit must be paid, showing the account holder and account number
- If you are claiming for a child:
  - certified copy of the child's abridged birth certificate
  - guardianship letter

## The deceased

Surname	<input type="text"/>	Initials	<input type="text"/>
ID	<input type="text"/>	Date of death	<input type="text"/>
Street address	<input type="text"/>	Last occupation	<input type="text"/>
	<input type="text"/>	Employer	<input type="text"/>
	<input type="text"/>	Tel – employer	<input type="text"/>
Code	<input type="text"/>	Marital status	<input type="text"/>

Were there other policies on the life of the deceased? If **yes**, give the policy numbers and name of the insurer.

1.	<input type="text"/>	3.	<input type="text"/>
2.	<input type="text"/>	4.	<input type="text"/>

## If death was due to natural causes – illness

What illness caused the death?

Date on which the illness started

Other symptoms noticed before death, eg headache

Did the deceased suffer from a chronic illness? If **yes**, give the date of diagnoses and description of medication.

Name of regular doctor	<input type="text"/>	Tel	<input type="text"/>
Name of treating hospital	<input type="text"/>	Tel	<input type="text"/>

## If death was due to unnatural causes – like an accident

What caused the death?

Did this happen during official duties?   Any evidence or suspicion of suicide?

SAPS station where incident was reported  Case no

Name of investigating officer  Tel

## Some additional documents we could ask for

- copy of the autopsy
- driver's license
- SAPS investigating officer's report
- medical documents from hospital or doctor
- accident report
- A1 statement
- blood-alcohol results
- sick-leave register

## If there was an accident involving a motor vehicle

The deceased was    Did the driver have a valid driver's license?

## About the funeral

Name of undertaker	<input type="text"/>	Date of funeral	<input type="text"/>
Street address of undertaker	<input type="text"/>	Street address where funeral will take place	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel – undertaker	<input type="text"/>	Contact person at undertaker	<input type="text"/>

## About Assupol

Assupol Life Ltd - reg no 2010/025083/06  
Authorized financial services provider  
Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria  
PO Box 35900, Menlo Park, 0102 [www.assupol.co.za](http://www.assupol.co.za)

Compliance department  
fax: 087 230 5667  
e-mail: [compliance@assupol.co.za](mailto:compliance@assupol.co.za)

Policy number

## About you, the person claiming

Surname	<input type="text"/>	Initials	<input type="text"/>
ID	<input type="text"/>	Relation to deceased	<input type="text"/>
Cell	<input type="text"/>	Tel – work	<input type="text"/>
E-mail	<input type="text"/>	Tel – home	<input type="text"/>
Street address	<input type="text"/>	Postal address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>
Job title	<input type="text"/>	Employer	<input type="text"/>

## Bank account into which cash benefits must be paid

Account holder	<input type="text"/>		
ID	<input type="text"/>	Type of account	<input type="radio"/> current <input type="radio"/> savings <input type="radio"/> transmission
Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>

## On-Call Plus – if it applies This benefit is explained in a brochure which you can get at [www.assupol.co.za](http://www.assupol.co.za)

The *instantGroceries*<sup>™</sup> benefit is paid by sending a code to your cellphone. You are responsible to safe-guard your cellphone and code. The **premium-payback** applies if the full On-Call Plus benefit of a life insured is claimed 100% as *instantGroceries*<sup>™</sup>. The *instantGroceries*<sup>™</sup> will be increased by an amount equal to all the premiums paid for the On-Call Plus benefit of the deceased. The premium-payback also applies automatically for On-Call Plus benefits that started before 1 August 2017, but it is calculated only on premiums paid for the On-Call Plus benefit of the deceased from 1 August 2017.

Do you choose the full benefit as *instantGroceries*<sup>™</sup> ?  yes  no

Should you answered **no** to the above, choose one or more of these five benefits – up to the total benefit amount:

<i>instantGroceries</i> <sup>™</sup>	<input type="text"/> %	Airtime	<input type="text"/> %
Transport	<input type="text"/> %	Electricity	<input type="text"/> %
Pay into bank account	<input type="text"/> %	Total	<input type="text"/> <b>100</b> %

The transport benefit provides vehicle and rental at discounted rates. The vehicle rental is subject to the contract provisions of the rental company. The most important of these are that you must have a valid driver's licence, pay a deposit for toll-fees and fuel, and sign a letter accepting responsibility for traffic fines and insurance excesses for damage to the vehicle. We will contact you to arrange the vehicle rental.

Instead of renting a vehicle, you can ask for cash to pay for bus, train or other transport – select the option *Pay into bank account*.

If you don't choose any of these benefits, your On-Call Plus benefit will be paid into your account in cash.

If you need a service under your Assupol On-Call benefit, like bereavement counselling or assistance with transport of the deceased, you must first phone the 24-hour support line at 0800 002 614. If you don't, costs you incur will be for your own pocket. Your Assupol On-Call benefit is subject to contract provisions, which can be found on [www.assupol.co.za](http://www.assupol.co.za).

If you need assistance about your claim, contact us on 0861 235 664.

## Memorial benefit

This benefit allows payment to be made to you after the funeral and can be paid out to you in either 5 months or 11 months. Please indicate your choice of payment.  5 months  11 months

## Medical Contribution Protector benefit

This benefit can be paid in a lump-sum, or in monthly amounts. If you choose that it be paid in monthly amounts, it can be paid into your bank account or to your medical scheme.

How do you want us to pay it?  Lump-sum  Monthly To whom must we pay the monthly amounts?  Your account  Medical scheme

## I, the person claiming, declare

I have not withheld any information or documents that Assupol Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it.

I authorize you, Assupol Life, to get from other persons and entities information and documents necessary and sufficient to consider and finalize this claim – among others, about the deceased's medical treatment. You may get the information and documents from, among others, medical practitioners, hospitals, insurers, credit bureaux, previous and present employers, and any state department or official. I authorize all such other persons and entities to provide such information and documents to you. I confirm that the process for claiming benefits has been explained to me. I confirm I had access to the applicable product information.

If you need bereavement counseling, or assistance with the transport of the deceased, phone the 24-hour support line of Assupol On-Call: 0800 002 614. This support service is subject to contract provisions.

My signature	<input type="text"/>	Date	<input type="text"/>
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## About Assupol

**Assupol Life Ltd** - reg no 2010/025083/06  
 Authorized financial services provider  
 Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria  
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