

DEATH CLAIM FORM 2010

ALL SECTIONS MUST BE COMPLETED ON BEHALF OF THE CLAIMANT WHERE THE CLAIMANT IS UNDER 18 OR WHERE POWER OF ATTORNEY HAS BEEN GRANTED

PERSONAL PARTICULARS

APPLICANT (PRINCIPAL MEMBER)

POLICY NO.

SURNAME TITLE

FIRST NAMES

DATE OF BIRTH

ID NUMBER

NOMINATED BENEFICIARY OR EXECUTOR OF DECEASED ESTATE

SURNAME TITLE

FIRST NAMES

DATE OF BIRTH

ID NUMBER/DOB

CONTACT DETAILS: Complimed will correspond with you via e-mail & cellphone only. Kindly ensure that these details are completed in full

POSTAL ADDRESS	PHYSICAL ADDRESS (IF DIFFERENT)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
POSTAL CODE <input type="text"/>	POSTAL CODE <input type="text"/>

TELEPHONE NUMBERS

HOME WORK CELL

EMAIL ADDRESS

PARTICULARS OF DECEASED

SURNAME

FIRST NAMES

DATE OF BIRTH

ID NUMBER/DOB

RELATIONSHIP TO MEMBER

SELF SPOUSE CHILD OTHER

IS THIS CLAIM IN RESPECT OF A DEPENDANT CHILD OVER 21 YEARS OF AGE?

IF YES PLEASE ATTACH DETAILS OF THE SCHOOL, COLLEGE, OR UNIVERSITY ATTENDED BY THE DECEASED AND/OR PROOF THAT THE CHILD WAS TOTALLY DEPENDANT ON THE PRINCIPAL MEMBER.

PAYMENT INSTRUCTIONS

BENEFITS TO BE PAID INTO MY BANK ACCOUNT BY ELECTRONIC FUND TRANSFER, DETAILS BELOW:

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER (11 Digits Maximum)

BANK

BRANCH NAME BRANCH CODE

ACCOUNT TYPE CURRENT TRANSMISSION SAVINGS (No Credit Card Accounts Accepted)

Signature of Account Holder

Signature of Principal (If different from Account Holder)

DETAILS OF CLAIM

TYPE OF CLAIM: FUNERAL ACCIDENTAL DEATH

EXACT CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

UNDERTAKER NAME

ADDRESS

POSTAL CODE

UNDERTAKER TEL NO.

NAME OF DOCTOR WHO SIGNED DEATH CERTIFICATE

ADDRESS

DECLARATION

- (1) I/We hereby declare that the person mentioned under deceased details is nominated under the abovementioned policy, that all the particulars given are true and complete, and that the death was not wholly or partly, directly or indirectly, caused by the contingencies mentioned in both the General and Specific exceptions as well as any addendum attached to the policy in question.
- (2) I/We further declare that the above statements are true and that I/we have withheld no material information and that I/we undertake to furnish any documentation which may be required by Hollard Group Risk, a division of The Hollard Insurance Company Limited and Hollard Group Risk, a division of Hollard Life Assurance Company Limited.
- (3) I/We expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the claimant, or any institution in which the claimant received treatment, to disclose any knowledge or information which was thereby acquired and agree that this authority shall remain in force until cancelled in writing.
- (4) I/We authorise all such persons or agencies to furnish any information in their possession to Hollard Group Risk, a division of The Hollard Insurance Company Limited and Hollard Group Risk, a division of Hollard Life Assurance Company Limited.

Principal Member /Nominated Beneficiary / Executor of Deceased estate
(Name and Surname)

Signature

Date

PLEASE ATTACH THE FOLLOWING DOCUMENTS

(Failure to attach all applicable documentation to this claim form will cause undue delay in the processing thereof.)

- CERTIFIED COPY OF DEATH CERTIFICATE
- CERTIFIED COPY OF DECEASED'S ID
- CERTIFIED COPY OF BENEFICIARY ID OR LETTER OF EXECUTORSHIP
- CONFIRMATION OF BENEFICIARY'S BANKING DETAILS

PLEASE RETURN TO:

COMPLIMED
PO BOX 658
PINETOWN
3600
TELEPHONE 086 111 4203 & FAX 086 604 6242
E-Mail: claims@complimed.co.za