



SWANDLA SWA HLANTSWANA

CLAIM NOTIFICATION FORM

Policy Holder's Name: _____ Policy No.: _____

Member Group No.: _____ Scheme No.: _____

Address: _____

Name of Deceased: _____ Date of Death: _____

Relationship to Policy Holder: _____ Age at death: _____

Type of Death: Natural Death Unnatural Death

Proof of Death – Original or certified copies attached:

BI-5 BI-18 BI-20 BI-1663

Copy of Policy Holder's Identity Document or Passport Copy of Deceased's Identity Document or Passport

Copy of Beneficiary's Identity Document or Passport

Supporting documents applicable: (refer reverse)

Settlement of Claim: EFT Cash Deposit

Bank Account Holder: _____

Bank Name: _____ Branch: _____

Bank Account No. _____ Branch Code: _____

Type of account: Savings Cheque Transmission

Identity Document of Beneficiary produced and verified.

Signature of Claimant: _____ Date: _____

Name of Claimant: _____ Relationship: _____

Address: _____ Cell: _____

Company stamp:

Directors: V.A. Mabunda, N.G. Matobela, T.E. Mabunda

Affordable Funeral Investments (Pty) Ltd (**Reg. No. 2014/036681/07**) is a Licensed Financial Services Provider (**FSP No. 45608**) and is underwritten by Safrican Insurance Company Ltd (**FSP No. 15123**).

Physical Address (Limpopo Province): Office no. 6 | Sasekani Complex | Section A | **Giyani** | 0826

Physical Address (Gauteng Province): 1 Centrex Close | Corner Katherine Street | Eastgate Ext 4 | **Sandton** | 2090

Postal Address (Limpopo Province): P.O. Box 4954 | Giyani | 0826

Telephone: 015 812 0042 | **Fax:** 015 812 0042 | **Email:** info@afinvestments.co.za | **Website:** www.afinvestments.co.za



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CLAIM STAGE AUTHORITY IN RESPECT OF THIRD PARTY

(To be completed when the Policy Holder or Beneficiary is using a Third parties' account details for claim payment)

Policy Number: _____ Date: _____

ID number: _____ Member Group No.: _____

Policy Holder's Name: _____

I, _____, ID number

_____ hereby confirm that I am the policyholder and / or a family of the

deceased _____ ID number

_____, and he/she is my _____ (relation).

I hereby direct Safrican Insurance Company to pay the benefit in the amount of R _____ (amount in words) _____ from this funeral policy to

_____ (full names),

ID number: _____ in order that the funeral arrangements can proceed. I

also confirm that I am duly authorised to sign this authority.

I further indemnify Safrican against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Safrican and/or the payment by Safrican to the above named person of the above mentioned amount or part thereof in respect of the applicable policy benefit.

Signature

Contact details of person giving the authority:

Cell: _____ Tel (W): _____

Address: _____

Directors: V.A. Mabunda, N.G. Matobela, T.E. Mabunda

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CLAIM STAGE AUTHORITY IN RESPECT OF THIRD PARTY

(To be completed when payment from Safrican is to be made to AFI for AFI to pay the Policy Holder or Beneficiary)

Policy Number: _____ Date: _____

ID number: _____ Member Group No.: _____

Policy Holder's Name: _____

I, _____, ID number

_____ hereby confirm that I am the policyholder and / or a family of the

deceased _____ ID number

_____, and he/she is my _____ (relation).

I hereby direct Safrican Insurance Company to pay the benefit in the amount of R _____ (amount in words) _____ from this funeral policy to

Affordable Funeral Investments (Pty) Ltd in order that the funeral arrangements can proceed. I also confirm that I am duly authorised to sign this authority.

I further indemnify Safrican against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Safrican and/or the payment by Safrican to the above named person of the above mentioned amount or part thereof in respect of the applicable policy benefit.

Signature

Contact details of person giving the authority:

Cell: _____ Tel (W): _____

Address: _____

Directors: V.A. Mabunda, N.G. Matobela, T.E. Mabunda

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CLAIMS PROCEDURE FACT SHEET:

AFI must be informed immediately upon the death of any life insured under a Safrican Funeral Benefit Plan. A Death Claim Notification Form, together with all the necessary supporting documents substantiating the claim, must be submitted to Safrican within six (6) month from the date of death. Failure to do so will result in the benefit being forfeited.

As it is AFI's policy to settle claims promptly, we request the claimant's co-operation in forwarding the correct and relevant documents timeously to prevent any unnecessary delays on the processing of the claim.

Documents must be clearly certified by the police of a Commissioner of Oaths.

Documentation

Claims will only be considered upon receipt of all necessary documents substantiating the claim, satisfactory to Safrican's requirements.

- The following documents are required to lodge a claim:
 - **Claim Notification Form**
 - ✓ Fully completed Claim Notification Form, providing the correct policy number and name of the Policy Holder and of the Deceased. This must be **stamped and signed by AFI (where applicable)**.

Instructions for payment to the beneficiary must be clearly shown.

The undertaker's details should be completed.

- **Proof of death**
 - ✓ Original computer produced or faxed certified copy of the Death Certificate (BI-5); or
 - ✓ Original or faxed certified copy of an Unabridged Death Certificate (BI-18); or
 - ✓ Original or faxed certified copy of Abridged Death Certificate (BI-20) in respect of **stillborn**, together with supporting medical documents; and
 - ✓ Certified copy of the Notification of death (BI-1663).
- In the case where the cause of death has been reflected as Unnatural Causes on the Proof of Death, a Police Report must be submitted together with the claim documentation in order for Safrican to assess the nature of the incident.
- Faxed copies of Proofs of Death must be clearly certified. Documents certified by a Commissioner of Oaths must clearly reflect the name, signature, organisation, date, address and telephone number of the Commissioner of Oaths on the documents.
- Documentation submitted other than that requested on this Claim Procedure Fact Sheet or requested by Safrican, will not be accepted.
- **Affidavits are not acceptable.**

In addition to the Claim Notification Form and Proof of Death, the following supporting documents must be presented:

- Certified copy of ID, Passport or Birth Certificate if a foreign national of the deceased, Policy Holder/Policy Holder, Beneficiary (in case Policy Holder's death) and/or Claimant;
- Third party authority signed by the Policy Holder/Beneficiary (in case of payment being made into a third parties account);
- Copy of Policy Holder's application form;
- Copy of the beneficiary's bank statement reflecting Bank name, account number and account holder's details.

The following supporting documents need to be presented:

I. Death of a Spouse

- Certified copy of Marriage Certificate.

Copy of any two (2) or more of the following documents in cases where there is no Marriage Certificate or in the case where the surname of the Spouse differs from that of the Policy Holder:

- Marriage Certificate (for cases of surname difference);
- Letter from Tribal Chief, signed and stamped;
- Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit);
- Medical Aid card reflecting dependants' details; or
- Any legal policy document where the spouse has been nominated at least 6 (six) months prior to death.

II. Death of a Cohabiting Partner (Spouse)

Copy of two (2) of the following documents will be required to prove a relationship existed between the partners:

- An unabridged birth certificate of a child which indicates the details of both parents;
- Joint bank accounts (home loan or any other bank account);
- Proof of residence;
- Letter from Tribal Chief, signed and stamped;

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- Medical Aid card reflecting dependants' details;
- Any insurance policies where the spouse has been nominated at least 6 (six) months prior to death; or
- Or any other documents that can prove that such relationship exist.

III. Death of an Eligible child

Where the surname of the Eligible Child differs from that of the Policy Holder, two (2) of the following documents will be required:

- Full Birth Certificate reflecting both parent details (BI-19);
- Adoption papers;
- Baptismal Certificate reflecting both parent details (for Eligible Children age 5 years and younger);
- Marriage Certificate and Birth Registration in respect of Stepchildren; or
- Medical Aid Membership card reflecting the Eligible Child's details.

In addition:

If the child has attained age twenty-two (22) years but has not yet attained age twenty-six (26) and is a **FULL-TIME** student, the following must be submitted:

- Confirmation satisfactory to Safrican (e.g. last academic report), from a recognised educational institution to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.

If the child is mentally retarded or totally and permanently disabled (as determined by Safrican), before age 22 years, and is unable to care for themselves, anyone (1) of the following must be submitted:

- Confirmation satisfactory to Safrican of a State Disability Grant;
- Medical Aid application of Policy Holder;
- Medical Report.

IV. Death of a Stillborn Child:

Proof of existence must be submitted by way of anyone (1) of the following:

- Clinical records (Road to Health Chart);
- Medical records; or
- Antenatal records

Proof of relationship of the Stillborn Child to the Policy Holder must be submitted by way of ant one (1) of the following:

- Certified copies of Identity Documents of both parents Document if a South African citizen or certified copies of both parents Passport if a foreign national;
- Medical Aid card of the Policy Holder; and
- Affidavits from both parents with certified copies of their ID documentation (only in case of stillborns where no Home Affairs documentation is available).
- Copy of the beneficiary's bank statement reflecting Bank name, account number and account holder's details.

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