



DETAILS OF THE PRINCIPAL/MAIN MEMBER AS PER POLICY CERTIFICATE

Surname		Name	
ID Number		Policy Number	
E-mail Address		Contact Number	

DETAILS OF THE DECEASED

Surname		Name	
ID Number		Date of Birth	
Principal Member	Spouse	Common Law Spouse	Child
Student	Extended Family Member		
Entry Date	Date of Death	Cause of Death	Natural
			Unnatural
			Suicide
Benefit Amount	R	Comments	

Indicate the Type of Claim

Funeral	
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DETAILS OF THE NOMINATED BENEFICIARY (as per policy certificate)

Surname		Name	
ID Number		Cellphone Number	
Postal Address & Area Code		Relationship to the deceased	
E-mail Address			

BANKING DETAILS OF THE NOMINATED BENEFICIARY TO RECEIVE THE BENEFIT

Account Holder Name		Bank	
Please provide your correct Bank Account Number		Branch Code	
Type of Account	Cheque	Savings	Transmission
			Other
			Specify

POLICY CONTINUATION / CANCELLATION OPTION (if applicable)

Note : If the claim is for the Principal Insured, the surviving spouse has the option to continue with the policy. Please indicate the option chosen

Continue with the Policy  Yes  No  If "Yes" please confirm the details of the spouse who will continue with the policy

Surname		Name	
ID Number		Cellphone Number	
Postal Address		Account Holder Name	
E-mail Address		Bank	
Please provide your correct Bank Account Number		Branch Code	
Type of Account	Cheque	Savings	Transmission
			Other
		Debit Order Date	1st 7th 15th 25th
			Please Select One Date

DETAILS OF THE NEW NOMINATED BENEFICIARY

Surname		Name	
ID Number		Cellphone Number	
E-mail Address		Relationship to the Principal Member	

(Signature)

**DOCUMENTS TO BE SUBMITTED TO AFRICAN UNITY INSURANCE**

Documents <b>(MARK WITH AN "X" WHERE APPLICABLE)</b>	Principal Insured	Spouse	Comon Law Spouse	Child	Student	Stillborn	Extended Family
African Unity Claim Form (Please ensure that Page 1&2 are signed off)	YES	YES	YES	YES	YES	YES	YES
Certified copy of death certificate	YES	YES	YES	YES	YES	YES	YES
BI 1663 / BI 1680 / DHA 1663 / DHA 1680 <b>(NOTICE OF DEATH/STILLBIRTH PAGE 1-3)</b>	YES	YES	YES	YES	YES	YES	YES
Certified copy of ID document : Deceased (Please ensure that ID Card copies are enlarged and clearly readable)	YES	YES	YES	YES	YES	YES	YES
Certified copy Beneficiary (as per policy) ID document (Please ensure that ID Card copies are enlarged and clearly readable)	YES	YES	YES	YES	YES	YES	YES
Marriage Certificate (Only applicable should a spouse still have cover on the policy)	YES	YES	YES	N/A	N/A	N/A	N/A
	N/A	N/A	N/A				
Proof of bank details of Beneficiary (Bank statement / Letter from bank / Cancelled cheque)	YES	YES	YES	YES	YES	YES	YES
Copy of invoice/ quote from funeral parlour, responsible for the funeral	YES	YES	YES	YES	YES	YES	YES
Group Scheme Members – Copy of latest payslip <b>(Only Applicable with death of a worker)</b>	YES	YES	YES	YES	YES	YES	YES
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Affidavit <b>(When requested)</b>	YES	YES	YES	YES	YES	YES	YES
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SAP Report / Accident Report <b>(Only Applicable with Unnatural Causes)</b>	YES	YES	YES	YES	YES	YES	YES
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Birth / Baptism Certificate <b>(Only Applicable with death of a child)</b>	NO	NO	NO	YES	NO	YES	NO
Certified copy of Mother's ID document <b>(Only Applicable with death of a child)</b>	NO	NO	NO	YES	NO	YES	NO
An unabridged death certificate issued by the Hospital (usally handwritten) <b>(Only Applicable with death of a child)</b>	NO	NO	NO	YES	NO	YES	NO
Registration at tertiary institution stating full time student and dependent <b>(Only Applicable with death of a child)</b>	NO	NO	NO	YES	YES	YES	NO
Doctors confirmation in the event of a mentally or physically disabled child <b>(Only Applicable with death of a child)</b>	NO	NO	NO	YES	YES	YES	NO

Claims for Funeral - Documents certified by a Commissioner of Oaths must reflect the name, signature, organisation, date, address and telephone number of the Commissioner of Oaths on the document. We do not accept documents stamped by the magistrates' court of Post Office

**DECLARATION AND SIGNATURE OF INTERMEDIARY / CLIENT**

Any other benefit applicable to this claim?	Yes	No	If "yes", specify
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I hereby declare that the information provided is accurate and correct

Name and Surname	
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Signature		Date Submitted	
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**ARRANGING OFFICER INFORMATION**

Funeral Director Name		Arranging Officer Name & Surname	
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Funeral Director Tel		Comments		Invoice Ref	
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Contact Details : (T) 0861234555 (F) 0861234556 (E) claimsfuneral@africanunity.co.za  
Underwritten by African Unity Insurance under licence, FSP No 8447