



DETAILS OF THE PRINCIPAL/MAIN MEMBER AS PER POLICY CERTIFICATE

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

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		E-mail Address	
Relationship to the Principal Member			

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

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	Principal Insured	Spouse	Comon Law Spouse	Child	Student	Stillborn	Extended Family
<i>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</i>							
African Unity Claim Form	REQUIRED FOR ALL CLAIMS						
Certified copy of death certificate	REQUIRED FOR ALL CLAIMS						
BI 1663 / BI 1680 / DHA 1663 / DHA 1680 <i>(NOTICE OF DEATH/STILLBIRTH PAGE 1-3)</i>	REQUIRED FOR ALL CLAIMS						
Certified copy of ID document : Deceased	REQUIRED FOR ALL CLAIMS						
Certified copy Beneficiary (as per policy) ID document	REQUIRED FOR ALL CLAIMS						
Marriage Certificate	REQUIRED WHEN STILL MARRIED						
Proof of bank details / Bank statement of Beneficiary	REQUIRED FOR ALL CLAIMS						
Copy of invoice/ quote from funeral parlour, responsible for the funeral	REQUIRED FOR ALL CLAIMS						
Group Scheme – Copy of latest payslip <i>(Only Applicable with death of a worker)</i>							
Affidavit <i>(When requested)</i>							
SAP Report / Accident Report <i>(Only Applicable with Unnatural Causes)</i>							
Birth / Baptism Certificate <i>(Only Applicable with death of a child)</i>							
Certified copy of Mother's ID document <i>(Only Applicable with death of a child)</i>							
An unabridged death certificate issued by the Hospital (usually handwritten) <i>(Only Applicable with death of a child)</i>							
Registration at tertiary institution stating full time student and dependent <i>(Only Applicable with death of a child)</i>							
Doctors confirmation in the event of a mentally or physically disabled child <i>(Only Applicable with death of a child)</i>							
DECLARATION AND SIGNATURE OF INTERMEDIARY / CLIENT							
Any other benefit applicable to this claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "yes", specify		
I hereby declare that the information provided is accurate and correct							
Name and Surname							
Signature					Date Submitted		



Contact Details : (T) 0861234555 (F) 0861234556 (E) claimsfuneral@africanunity.co.za

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