

Claim form for Accidental Death and Funeral Benefit

POLICY NUMBER

Important:

- > Please give all information in full and in block letters.
- > Please make sure that all additional documents are certified copies.

1. PARTICULARS AND CONTACT DETAILS OF PLAN HOLDER

Title	Name
<input type="text"/>	<input type="text"/>

Address

Date of birth	Identity number/passport number (Compulsory)
<input type="text"/>	<input type="text"/>

Notes:

- > Funeral benefit can be paid in full to the funeral parlour or to the appointed beneficiary
- > Funeral benefits can be paid to both the funeral parlour and appointed beneficiary adding to 100% of the funeral benefit
- > If a minor is appointed as a beneficiary, the funds will be paid to his/her natural/legal guardian.

Beneficiary for Funeral Expense

- Funeral Service Parlour Or Natural Person

INSTITUTION

Name of Institution	Registration number
<input type="text"/>	<input type="text"/>

Percentage of the funeral benefit

NATURAL PERSON

Title	Name
<input type="text"/>	<input type="text"/>

Address	Telephone (HOME)
<input type="text"/>	<input type="text"/>

CLAIM BENEFIT PAYMENT

Policy period	Funeral Benefit
1 -6 months	Refund of Premium
7-12 months	50% of the Sum Assured
13 months onwards	100% of the sum assured
Accidental Death- day 1+	100% of the sum assured

2. CLAIMANT STATEMENT

a) Date and place of death

b) Cause of death

c) When did the deceased first complain or give other Indication of his last illness?

d) When did the deceased first consult a physician for his last illness?

e) Was an inquest or post-mortem exhumation held on the body?
If so, furnish certified copy of verdict or findings

Names and address of physicians who attended deceased during his last illness and during three years prior thereto
Names / Addresses / Dates of Attendance / Disease or Conditions

Names	Addresses	Dates of Attendance	Disease or Conditions

How long have you known deceased?

Who has possession of the Policy?

In what capacity, or by what title, do you claim this?

The undersign hereby makes claim to said assurance in SACOS Life Assurance Company Limited, and agrees that the written statements and affidavits of all the physicians who attended or treated the Assured and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these proofs of Death, and further agrees that the furnishing of this form, or any other forms supplemental thereto, by said Company shall not constitute nor be considered on admission by it that there was any assurance in force and on the life in question, nor a waiver of any of its rights or defences.

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- Death Certificate
- Cause of Death documents
- Police Report (In case of accidental death)
- Deceased National ID
- Beneficiary National ID (if applicable)

Declaration by plan holder

I declare that I am the plan holder, all information in this form is correct and I understand its content.

Signature of plan holder or his/her legal representative

Date and time

Place

3. CLAIMANT & WITNESS DETAILS

Full name of claimant

ID No

Signature of claimant or his/her legal representative

Date and time

Place

Full name of witness

ID No

Signature of witness or his/her legal representative

Date and time

Place