

# **CLAIM FORM – SIMPLY FUNERAL**

FAX COMPLETED & SIGNED DOCUMENTS TO 086 639 3867  
OR EMAIL TO [claims@simply.co.za](mailto:claims@simply.co.za)  
OR POST TO P.O. BOX 1800, UMHLANGA ROCKS, 4320



To be completed by the claimant

## **POLICYHOLDER DETAILS**

Policy number: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

## **MAIN MEMBER'S DETAILS**

First names: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Landline number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

## **CLAIMANT'S DETAILS**

First names: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Email address: \_\_\_\_\_

Landline number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_



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The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a registered Long-Term Insurer.

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## **DETAILS OF THE DECEASED**

First names: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Physical address: \_\_\_\_\_

Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Place of death (e.g. hospital, clinic, at home): \_\_\_\_\_

If at hospital or clinic, please provide name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

Phone number of facility: \_\_\_\_\_

Date of funeral: \_\_\_\_\_

Name of funeral parlour: \_\_\_\_\_

Address of funeral parlour: \_\_\_\_\_

Phone number of funeral parlour: \_\_\_\_\_

Name of doctor that certified the death: \_\_\_\_\_

Address of doctor: \_\_\_\_\_

Phone number of doctor: \_\_\_\_\_

## **PAYMENT INSTRUCTIONS**

Account Holders name: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Name of branch: \_\_\_\_\_

Branch code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: Current: \_\_\_\_\_ Savings: \_\_\_\_\_



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## **SUPPORTING DOCUMENTATION REQUIRED**

The following documents must be submitted with the claim form:

1. Certified copy of death certificate.
2. Certified copy of insured person's ID
3. Certified copy of the beneficiary's ID
4. Completed funeral claim form
5. DHA1663 – notification of death register
6. Claimant/Beneficiary 1 month bank statement
7. Police report if unnatural death

Further information may be requested at our discretion.

## **DECLARATION**

I, .....the claimant hereby notify Simply Financial Services of the death of the life insured and declare that the above answers and full statements are true to the best of my knowledge and belief and that I have withheld no material fact from the company.

I declare that the information given is true and complete to the best of my knowledge and belief and authorise any hospital, physician or other person who has attended to the patient to furnish Simply Financial Services, or persons acting on behalf of Simply, any and all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatment and copies of all hospital records, including the results of all tests undergone by the patient. I agree that a photocopy of this authorisation shall be considered as effective and as valid as the original.

Claimant Name: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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