

CLAIM FORM

Simply Funeral

Email completed & signed documents to:
claims@simply.co.za

Or post to:
Simply Financial Services
3rd Floor, Grove Exchange
9 Grove Avenue, Claremont 7945

To be completed by the claimant

POLICYHOLDER DETAILS

Policy number: ID Number:

Full names:

Surname:

MAIN MEMBER'S DETAILS

Full names:

Surname: ID Number:

Physical address:

Postal address:

Email address:

Landline: Cellphone:

CLAIMANT DETAILS

Full names:

Surname: ID Number:

Relationship to the deceased:

Email address:

Landline: Cellphone:



Simply Financial Services (Pty) Ltd is a registered financial services provider (FSP 47146). Ts&Cs apply. Policies Underwritten by Old Mutual Alternative Risk Transfer Ltd.

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DETAILS OF THE DECEASED

Full 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 holder's 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:

- | | |
|---|--|
| <input type="checkbox"/> Certified copy of death certificate | <input type="checkbox"/> DHA 1663 - notification of death register |
| <input type="checkbox"/> Certified copy of insured person's ID | <input type="checkbox"/> Police report if unnatural death |
| <input type="checkbox"/> Certified copy of the beneficiary's ID | <input type="checkbox"/> Claimant/beneficiary 1 month bank statement |
| <input type="checkbox"/> Completed funeral claim form statement | |

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: