CLAIM FORM

Simply Life

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: .....

CLAIMANT DETAILS

Full names: .....

Surname: .....

Date of birth: ..... ID Number: .....

Relationship to the life insured: .....

Physical address: .....

.....

Postal address: .....

.....

Email address: .....

Landline: ..... Cellphone: .....

In what capacity or by what title do you claim the insurance benefits: .....

.....

DETAILS OF THE LIFE INSURED

Date of death: .....

Cause of death: .....

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Name of employer at date of death: .....

Address of employer: .....

..... Phone number of employer: .....

Occupation at time of death: .....

Previous occupation: .....

NATURAL DEATH *(complete if the life insured died due to an illness)*

a) When did the health of the deceased first begin to be affected? (if known) .....

b) When did the deceased first consult a doctor for his/her illness? (if known) .....

c) Did the deceased use tobacco in any form and/or consume alcohol? .....

UNNATURAL DEATH *(complete if the life insured died due to an accident)*

a) When did the event occur? Date (dd/mm/yy) and time: .....

b) Where did the event occur? .....

c) If a road accident, please supply the address of the police station to which the accident was reported: .....

..... Case number: .....

d) If possible, please give full details on the nature of the injuries sustained by the deceased: .....

e) Was the death caused by suicide, self-inflicted injury or transgressing any law? .....

f) Was the death caused by participating in a war or hazardous activities? .....

MEDICAL PRACTITIONER AND MEDICAL AID DETAILS

Name and address of the deceased's usual family doctor (if known): .....

.....

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Name and address of all doctors who attended to the deceased during the last five years preceding his/her death (if known):

Date of illness or injury	Duration of illness or injury	Nature of illness or injury	Doctor or institution	Telephone number

Name of deceased's medical aid society at the time of death: .....

..... Membership number: .....

Did the deceased have insurance with any other company? Please give details:

Name of Company	Insured Amount	Policy Inception Date

Was the estate of the deceased insolvent at the time of death? .....

SUPPORTING DOCUMENTATION REQUIRED

The following documents must be submitted with the claim form:

- ☐ Certified copy of death certificate
- ☐ Certified copy of insured person's ID
- ☐ Certified copy of the beneficiary's ID
- ☐ Completed medical report

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If the insured person dies within the first 2 years of the policy, extra documentation may be needed:

- ☐ Police report/statement completed by the police
- ☐ Copy of the post-mortem report and result of any forensic laboratory investigations
- ☐ Inquest findings or full verdict in the case of a murder (if appropriate)

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.

Title: ..... First names: .....

..... Surname: .....

Account holder's name: .....

Name of bank: ..... Name of branch: .....

Branch code: ..... Account number: .....

Type of account (current/savings): .....

Signature: ..... Date: .....