DEATH CLAIM FORM

DIFFERENT LIFE

To whom it may concern,

Please find below the death claim form.

The below documents plus this claim form, correctly completed and signed, must be submitted to Different Life via email or in person.

If in person, please deliver to:
Different Life, Building A Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2191

Required documents to initiate the funeral claim process:
The original or certified copies, signed by a commissioner of oaths, of the following:

1. The death certificate.
2. The insured's ID document.
3. The medical certificate of the cause of death, Form DHA 1633 by the doctor who certified the insured's death.
4. Statement of Police / Police report for Unnatural causes.

Required documents to initiate the claim process:
The original or certified copies, signed by a commissioner of oaths, of the following:

1. Personal Medical Attendant's report (attached).
2. If death due to Unnatural causes please include:
   - 2.1. Statement of Police (attached).
   - 2.2. Post mortem.
   - 2.3. Medical Aid details (Scheme, medical aid number and latest medical aid report).
   - 2.4. If death due to motor vehicle accident, please also supply Officer's Accident report.

To effect payment on the claim (if the claim is assessed as valid):
The original or certified copies, signed by a commissioner of oaths, of the following:

1. Three (3) month's bank statements of the deceased.
2. Bank statement of beneficiaries.
3. Identification Documents of beneficiaries.

Kind regards,

Bani Schmidt | Head of Operations

DIFFERENT LIFE

PARTICULARS OF THE INSURED (Deceased) – Section A

Policy Number

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

ID Number | Language

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone

E-mail address

Date of Death

Y Y Y Y M M D D

Detailed description of cause of death

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Details of all doctors who attended to the deceased during the 5 years preceding death:

A. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

B. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

C. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

Name of Medical Aid	Medical Aid Number
Name of Hospital	Hospital Ref. No.
Employer Name	Surname
Physical Address	
	Postal Code
Telephone (w)	Employee No.

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PARTICULARS OF THE CLAIMANT – Section B

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

In what capacity is this claim lodged (Beneficiary, Cessionary, Executor)?

ID / Passport / Card Driving License Official Number

Language

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone | Communication Preference | Post Fax e-mail

E-mail address

PARTICULARS OF CLAIM BY CESSIONARY

Title | Initials | Gender | First Names

Surname | Amount Claimed **R**

Signature | Date

Y Y Y Y M M D D

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BANK DETAILS OF THE CLAIMANT / ESTATE

Name of Bank	Branch Name
Account Number	Branch Code
Name of Account Holder	Account Type
Signature of Account Holder	Date Y Y Y Y M M D D

DECLARATION AND AUTHORISATION BY THE CLAIMANT

Policy Schedule Number

Declaration

I / we _____ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim.

I / we acknowledge that I / we fully understand the contents of this declaration.

Authorisation

I / we hereby authorise Different Life or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I / we further authorise Different Life or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I / we warrant that I am / we are legally entitled to the proceeds under this policy and that my / our estate(s) are solvent and have not been ceded or sequestrated.

Signed _____

On _____ day of _____ of 20_____