



CLAIM NOTIFICATION FORM

POLICY HOLDER DETAILS

POLICYHOLDER	
MEMBER GROUP NUMBER	
SCHEME NUMBER	
PRINCIPAL MEMBER NAME	

DECEASED

Name of the deceased: _____

ID no. of the deceased: _____

Date of death: _____ Age at death: _____

Relationship of Deceased to the Principal member: _____

SETTLEMENT OF BENEFIT

Cheque Electronic Funds Transfer

Cheque		Electronic Funds Transfer	
Payable to:		Bank Account Holder:	
Relationship to deceased		Bank Name:	
Cheque will be collected by		Branch Name:	
It is important that the Beneficiary presents their original Identity Document (South African Citizen) or Passport (foreign national) when collecting a cheque from any Safrican Offices. Drivers licence Cards will not be accepted.		Bank Account Number:	
		Branch Code:	

ADDRESSES FOR SENDING ALL CLAIM CORRESPONDENCE

COMPANY STAMP

Postal Address: _____

_____ Code _____

Fax: () _____ E-mail: _____

Tel: () _____ Date: _____



Name and Signature of the Policyholder/ Claimant: _____

Designation _____

(For claiming purposes post, fax or e-mail this page only – see page 4 for Contact details)

Safrican Insurance Company Limited. An authorized Financial Services Provider (FSP No.15123)