Death claim individual

Policy number



Dear Client. You must give us all information and documents necessary and sufficient to consider and finalize this claim. Our claim rules and practice apply. Please complete this form fully and correctly, and sign it where required, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail it to claimsenquiries@assupol.co.za or fax it to 0861 000 395.

We pay valid claims for funeral benefits within 24 hours, after we have received all required information and documents. Other benefits may take longer. Claims are audited randomly which could result in your claim to be delayed. Should your claim be selected, you will be informed immediately. If you need assistance about your claim, contact us on 0861 235 664, or visit any of our offices countrywide. Our offices are also open on Saturday from 08:30 to 13:00.

Documents you must give to us

- this claim form completed and signed as required
- certified copy of the original death certificate form DHA5
- certified copy of the deceased's valid ID document with deceased or similar notice stamped on it
- certified copy of the deceased's marriage certificate or divorce order
- copies of valid bank statements, not older than three months, of the bank account into which the benefit must be paid, showing the account holder and account number
- If you are claiming for a child:
 - certified copy of the child's abridged birth certificate

| copy of the notificatcertified copy of you | ion/registratio ır ID documen | n of d | eath – | form DI | HA166 | 53 | | | - guardians | ship letter | | | |
|---|----------------------------------|-----------|---------------------|------------------|----------------|----------|---------|------|--|--|--|--|--|
| The deceased | | | | | | | | | | | | | |
| Surname | | | | | | | | | Initials | | | | |
| ID | | | | | | | | | Date of death | d d m m y y y y | | | |
| Street address | | | | | | | | | Last occupation | | | | |
| | | | | | | | | | Employer | | | | |
| | | | | | | | | _ | Tel – employer | | | | |
| | | | | | Code | | | | Marital status | single married divorced widowed | | | |
| Were there other polic | ies on the life | of the | decea | sed? If y | es , gi | ve the p | olicy | numk | pers and name of the i | insurer. | | | |
| 1. | | | | | | | | | 3. | | | | |
| 2. | | | | | | | | | 4. | | | | |
| If death was du | e to natura | l cau | ses – | illnes | s | | | | | | | | |
| What illness caused the | e death? | | | | | | | | | | | | |
| Date on which the illne | ess started | | d d | (m) | m | У | / у | У | | | | | |
| Other symptoms notic eg headache | ed before dea | th, | | | | | | | | | | | |
| Did the deceased suffe | er from a chron | nic illne | ess? If | yes , giv | e the | date of | diagn | oses | and description of me | edication. | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of regular doctor | | | | | | | | | Tel | | | | |
| Name of treating hospital | | | | | | | | | Tel | | | | |
| If death was du | e to unnatı | ural c | ause | s – lik | e an | accido | ent | | | | | | |
| What caused the death? | | | | | | | | | | | | | |
| Did this happen during | g official duties? | | | | | yes | r | 10 | Any evidence or su | suspicion of suicide? yes no | | | |
| SAPS station where incident was reported | | | | | | | | | Case no | | | | |
| Name of investigating officer | | | | | | | | | Tel | | | | |
| Some additional docu | | uld as | k for | | | | | | • | | | | |
| copy of the autopsaccident report | • • | | er's lice tateme | | | | | | igating officer's repor nol results | medical documents from hospital or doctor sick-leave register | | | |
| If there was an a | | | | | r vel | | | | | | | | |
| The deceased was | the driver | | а ра | ssenger | | a pec | destria | an | Did the driver have | ve a valid driver's license? yes no | | | |
| About the funer | al | | | | | | | | | | | | |
| Name of undertaker | | | | | | | | | Date of funeral | d d m m y y y y | | | |
| Street address | | | | | | | | | Street address | | | | |
| of undertaker | | | | | | , . | | | where funeral will take place | | | | |
| | | | | | Code | | | | · | Code | | | |
| Tel – undertaker | | | | | | | | | Contact person at undertaker | | | | |

About Assupol

Assupol Life Ltd - reg no 2010/025083/06 Authorized financial services provider Summit Place Office Park, Building 6, 221 Garsfontein road, Menlyn, Pretoria PO Box 35900, Menlo Park, 0102 www.assupol.co.za

Compliance department

fax: 087 230 5667 e-mail: compliance@assupol.co.za

| Policy number | | | | | | | | | | SERVI | NG THOSE WHO SI | ERVE SINCE 1913 | |
|---|--------------|--|-----------------------|------------|---------|-----------|--------|---------------|-------------------------|--|-----------------------|------------------------|--|
| About you, the | person c | laimin | g | | | | | | | | | | |
| Surname | | | | | | | | | Initials | | | | |
| ID | | | | | | | | $\overline{}$ | Relation to deceased | | | | |
| Cell | | | | | | | | \equiv | Tel – work | | | | |
| E-mail | | | | | | | | \dashv | Tel – home | | | | |
| Street address | | | | | | | | \dashv | Postal address | | | | |
| | | | | | | | | | | | | | |
| | | | | C | ode | | | \Box | | | Code | | |
| Job title | | | | | • | • | • | | Employer | | | | |
| Bank account into which cash benefits must be paid | | | | | | | | | | | | | |
| Account holder | | | | | | • | | | | | | | |
| ID | \Box | | | | | | | $\overline{}$ | Type of account | current | savings | transmission | |
| Name of bank | | | | | | | | \dashv | Name of bank | | 3 | | |
| Account number | | | | | | | | \dashv | Branch code | | | | |
| | it appli | 26 | | | | This | hone | ofit is | | ochura which you | can got at www. | assupol co za | |
| On-Call Plus – if it applies This benefit is explained in a brochure which you can get at www.assupol.co.za The <i>instant</i> Groceries™ benefit is paid by sending a code to your cellphone. You are responsible to safe-guard your cellphone and code. The premium-payback applies if the full On-Call Plus benefit of a life insured is claimed 100% as instantGroceries™. The instantGroceries™ will be increased by an amount equal to all the premiums paid for the On-Call Plus benefit of the deceased. The premium-payback also applies automatically for On-Call Plus benefits that started before 1 August 2017, but it is calculated only on premiums paid for the On-Call Plus benefit of the deceased from 1 August 2017. | | | | | | | | | | | | | |
| Do you choose the full | l benefit as | instantG | roceries [™] | м? | | yes | n | 0 | | | | | |
| Should you answered no to the above, choose one or more of these five benefits – up to the total benefit amount: The transport benefit provides vehicle and rental at discounted rates. The vehicle rental is subject to the contract provisions of the rental company. The most important of these are that you must have a valid driver's licence, pay a | | | | | | | | | | | | | |
| instantGroceries ™ | | % A | irtime | | | % | | | deposit for toll-fees | and fuel, and sign a le excesses for damage | etter accepting respo | onsibility for traffic | |
| Transport | | % El | lectricity | | | % | | | arrange the vehicle r | | to the venicle. We | will contact you to | |
| Pay into bank account | | % Total 100 % Instead of renting a vehicle, you can ask for cash to pay for bus, train or other transport – select the option <i>Pay into bank account</i> . | | | | | | | | | | | |
| If you don't choose any | | ., | | | | | | | | | | | |
| If you need a service u 24-hour support line a which can be found o | at 0800 002 | 2 614. If y | you don't | | | | | | | | | | |
| If you need assistance | about yo | ur claim, | contact | us on 08 | 61 23 | 35 664. | | | | | | | |
| Memorial benef | fit | | | | | | | | | | | | |
| This benefit allows pay Please indicate your ch | | | o you afte | er the fui | neral a | and car | n be p | aid ou | t to you in either 5 m | onths or 11 months. | 5 months | 11 months | |
| Medical Contrib | ution Pr | rotecto | r bene | fit | | | | | | | | | |
| This benefit can be pai medical scheme. | id in a lumı | p-sum, oi | r in mont | hly amoi | unts. I | f you c | hoose | that i | t be paid in monthly a | amounts, it can be pa | aid into your bank ac | ccount or to your | |
| How do you want us to | o pay it? | Lump | -sum | Мо | nthly | · | To | whor | n must we pay the mo | onthly amounts? | Your account 1 | Medical scheme | |
| I, the person cla | iming, d | leclare | | | | | | | | | | | |
| I have not withheld any information or documents that Assupol Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it. | | | | | | | | | | | | | |
| I authorize you, Assupol Life, to get from other persons and entities information and documents necessary and sufficient to consider and finalize this claim – among others, about the deceased's medical treatment. You may get the information and documents from, among others, medical practitioners, hospitals, insurers, credit bureaus, previous and present employers, and any state department or official. I authorize all such other persons and entities to provide such information and documents to you. I confirm that the process for claiming benefits has been explained to me. I confirm I had access to the applicable product information. | | | | | | | | | | | | | |
| If you need bereaveme service is subject to cor | | | sistance \ | with the 1 | transp | oort of t | the de | cease | d, phone the 24-hour | support line of Assup | ol On-Call: 0800 002 | 2614. This support | |
| My signature | | | | | | | | | Date | d d m m | уууу | у | |

About Assupol