



What you need to know about claiming on a funeral policy

What happens when you claim

For us to consider your claim you must

1. Read page one and then complete the claim form part on page two.
2. Send page two of this claim form and the other documents we need back to us.

What we will do within 48 hours after receiving the claim

- inform the person claiming if we need any other information, or
- inform the person claiming about our decision to either approve or decline the claim

Who must claim

All benefits are payable to the policyholder:

- If the policyholder is the deceased then the benefit is payable to the beneficiary of the death benefit.
- If there is no beneficiary appointed then the benefit is payable to the nominee for ownership.
- If there is no beneficiary or nominee then the benefit is payable to the next insured as indicated in the policy contract.
- If there are no further lives insured then the benefit is payable to the person appointed by the family.
- If the person receiving the money is a minor then the legal guardian must claim.

If you are not sure who must claim, please contact us at the numbers below.

What to send us

Cause of death: Natural (for example illness)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the claimant's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- BI 1663 completed by the doctor who certified the death.

Cause of death: Unnatural (for example accident/ murder)

- This completed funeral claim form.
- A certified copy of the official death certificate issued by the Department of Home Affairs.
- A certified copy of the deceased's identity document.
- A certified copy of the claimant's identity document.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.
- BI 1663 completed by the doctor who certified the death.
- Fully completed SAPS statement (SLFC002E).

Still-born child

- This completed funeral claim form.
- A certified copy of the identity document of the still-born child's mother.
- Notice of stillbirth.
- A letter from the doctor who was present at the baby's birth, confirming the mother of the child and at how many weeks the child was born.
- A letter from the funeral parlour, on a formal letterhead, confirming that the body is in their care.

How to send us the information or get help



deathclaimsfamily@sanlam.co.za



Fax us at
(021) 947 4487



Visit your nearest Sanlam
office



Ask your Sanlam adviser
or broker to assist you



Call Sanlam Death Claims
Call Centre at
0861 106 180



Funeral claim form

Policy number _____

We will look at and consider your claim as soon as you send this claim form and all required documents (*refer to "What to send us" on page 1*) to us.

1. Particulars of deceased

Full name and surname _____
 Occupation of deceased _____
 Employer of deceased: _____ Telephone number (____) _____
 Describe the exact cause of death _____
 Was the deceased a stillborn or uninsured child? Yes No

2. Details of undertaker

Company name: _____ Undertaker company number _____
 Contact person _____
 Business postal address _____
 Telephone number (____) _____ Fax number (____) _____
 Place of burial or cremation _____ Date of burial or cremation ____ / ____ / ____ (dd/mm/ccyy)

3. Details of doctor who certified the death

Full name and surname _____ Practice code _____
 Telephone number (____) _____ Fax number (____) _____
 Where did the death occur? Hospital Clinic Home Other Admission number _____

4. Details of the person who is claiming (claimant)

The claim was submitted by Policyholder Beneficiary for death benefit Appointed by family
 (*please select one*): Beneficiary or nominee for ownership Next insured
 Full name and surname _____
 Relation to deceased _____ Identity number _____
 Postal address _____
 Telephone number (home) (____) _____ Telephone number (work) (____) _____
 Fax number (____) _____ Cell phone number _____
 e-mail address _____

Bank details

Account holder _____
 Name of bank _____ Name of branch _____
 Account number _____ Branch code _____
 Account type Current (cheque) Savings Transmission

Declaration by claimant

- I, the claimant declare that:
- I have completed this document or someone has completed it for me with my approval.
 - I understand the information in this document.
 - The information in this document is correct.

Full names _____ Identity number _____
 Signature _____ Date ____ / ____ / ____ (dd/mm/ccyy)