

CLAIM FORM



BEST LIFE FINANCIALS

Please return the completed form to:

- claims@bestlife.co.za

Checklist and supporting documents (Main Member, Spouse, Child, Extended Family Member)

- Fully completed Funeral Claim form, signed and stamped by the authorised person.
- Certified copy of the death certificate.
- Certified copy of the Deceased's ID document/copy of the back and front of the ID smart card/passport/copy of birth certificate (if minor).
- Certified copy of the Main Member's ID document/copy of the back and front of the ID smart card/passport.
- Certified copy of the South African work permit (if applicable).
- A Clear copy of a completed DHA1663 indicating the cause of death
- Certified copy of the marriage certificate. If not available, we require a declaration from a third party i.e. Tribal Chief/Community Leader of Minister of religion, confirming the relationship.
- If a child dies and the surname differs from that of the Main Member, we require an affidavit from the Main Member and the other parent confirming the relationship.
- Certified copy of the beneficiary's ID document/copy of the back and front of the ID smart card/passport.
- If the child is over the age of 21 (twenty-one) years, we require a copy of a letter from the school confirming the child's registration and current grade that the child was attending or letter from a tertiary institution.
- Proof of account in the form of a copy of a bank statement on a bank letterhead or stamped by the bank. The proof of account should confirm the accountholder's full name(s), account number and branch code.

Please note:

- We require all the relevant documentation detailed above to process the claim within 2 (two) business days.
- Incomplete forms or documentation will result in delays in the processing of the claim.
- We may request additional documentation to assess the claim.

Policy Number _____
Claim Amount **R** _____

Section B: Main Member's Details

Title _____ Initial(s) _____ Full Name(s) _____
Surname _____
Date of Birth _____ ID/Passport Number _____
Residential _____
Address _____ Postal Code _____
Contact Numbers: Work _____ Home _____ Cell _____
Email Address _____

Section C: Deceased's Details

Title _____ Initial(s) _____ Full Name(s) _____
Surname _____
Date of Birth _____ ID/Passport Number _____
Residential _____
Address _____ Postal Code _____
Cause of Death _____ Relationship to Main Member _____ Child _____ Member _____ Spouse _____
If "Child", please provide the age: 0 - 5 years _____ 6 - 13 years _____ 14 - 20 years _____
21 - 25 years studying (proof required) _____ Over 21 years handicapped (proof required) _____

Section D: Payment Details (Compulsory)

Please clearly indicate who should be paid: Main Member* _____ Beneficiary* _____ Estate Late _____ Service Provider _____

* If either the "Main Member" or the "Beneficiary" will be paid, please ensure that FICA requirements (refer to Section G) have been provided.

Type of account: Current Savings Transmission

Name of accountholder _____

Bank Name _____ Branch Name _____

Account Number _____ Branch Code _____

Please note:

- Payments made to Beneficiaries may take longer to process due to verification that needs to be done on their bank account details.
- To avoid any delays with processing, please attach proof of account in the form of a copy of a bank statement on a bank letterhead or stamped by the bank. The proof of account should confirm the accountholder's full name(s), account number and branch code.

Accountholder's Signature _____ Date _____

Section E: Beneficiary's Details - Please complete this section if the benefit amount will be paid to the Beneficiary

Title Initial(s) Full Name(s) _____

Surname _____

Date of Birth _____ ID/Passport Number _____

Residential _____

Address _____ Postal Code _____

Contact Numbers: Work Home Cell _____

Email Address _____

Relationship to Main Member (child, spouse, nominated member, etc.) _____
