

Death claim form

(This form does not apply to Retirement Annuities or Funeral policies).

Policy number 1.															
Policy number 2.															
Policy number 3.															

All relevant questions have to be completed in full. All supporting documentation must be attached to this form.

Requirements

Please choose the category that applies to you and send us the documents marked as required for the particular category.

Please indicate your role: Cessionary Beneficiary Policyholder Executor

	Cessionary	Beneficiary	Policyholder	Executor
A fully completed and signed <i>Death claim form</i> .	✓	✓	✓	✓
A certified copy of the death certificate.	✓	✓	✓	✓
A certified copy of the deceased's identity document.	✓	✓	✓	✓
A certified copy of the DHA-1663 obtainable from the doctor who declared the death.	✓	✓	✓	✓
If the deceased died of unnatural causes, we require the <i>Unnatural death claim form</i> (CLAIM 003), which must be completed by the Police Investigating officer.	✓	✓	✓	✓
A certified copy of the claimants(s) identity document(s).	✓	✓	✓	✓
A copy of the bank statement or a cancelled cheque. (<i>According to the Financial Intelligence Centre Act (FICA), we must identify the roleplayer, and verify information if it is new or different to what we have on our records. This means we can ask for additional information and documents.</i>)	✓	✓	✓	✓
A certified copy of the letters of executorship or Article 18 (3) letter of administration.				✓

Please note: We will not be able to proceed with the claim if all the documents asked for are not attached to this form.

Please email or fax the claim documents to:

E-mail: riskclaims@momentum.co.za

Fax: 012 675 3947 (**International:** +27 12 675 3947) (Please quote the policy number on the fax.)

Or call us for more information:

Tel: 0860 44 11 11 (**International:** +27 12 675 3052) Our office hours are from 8:00 – 17:00.

Momentum may ask for more information or set further requirements if necessary.

Preferred communication

As part of our claim's process we will keep your servicing financial adviser on our system informed of the progress of the claim.

Should you not wish the servicing financial adviser to remain informed of the progress of the claim, please indicate with a tick.

In the event that you selected the above option, you will be responsible to submit all claim documentation to Momentum directly.

Name and surname

Signature

Date - - 2 0

Section 1: Details of claimant

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Name of Institution (if the claimant is an institution)	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID	Yes	No		
Passport number (non-RSA residents only)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport country of issue	<input type="text"/>					
Postal address	<input type="text"/>				Postal code	<input type="text"/>
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	<input type="text"/>	Fax - work	<input type="text"/>	<input type="text"/>	
Telephone - home	<input type="text"/>	<input type="text"/>	Fax - home	<input type="text"/>	<input type="text"/>	
Cellphone number	<input type="text"/>	<input type="text"/>				
E-mail address	<input type="text"/>					
Which method of communication do you prefer?	Post	E-mail	What language do you prefer?	English	Afrikaans	

Section 2: Details of the deceased

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID	Yes	No		
Passport number (non-RSA residents only)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport country of issue	<input type="text"/>					
Date of death	<input type="text"/>					
Exact cause of death (please give full details - 'Natural/unnatural causes' not acceptable)	<input type="text"/>					
If the cause of death is unnatural , we require a completed <i>Unnatural death claim form</i> (CLAIM 003).						
In the event of a natural death, when did the condition start that caused the death?	<input type="text"/>					
Name of the deceased's doctor	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	<input type="text"/>				
Was the deceased employed?					Yes	No
Name of employer	<input type="text"/>					
Physical address	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	<input type="text"/>	Employee number	<input type="text"/>	<input type="text"/>	
Was the deceased a member of a medical aid?					Yes	No
Name of medical aid	<input type="text"/>					
Medical aid number	<input type="text"/>					

Section 3: If the claimant is a cessionary (e.g. bank) (To be completed by the cessionary)

Do you give consent to Momentum paying the difference between the claim value and the amount owed to you directly to the nominated beneficiary/beneficiaries?

Yes No

If Yes, please state the amount payable to you

Valid until

 - -

Full name

Designation

Signature of authorised person

Date

 - -

Company stamp

Section 4: Bank details of claimant:

Please attach a copy of your bank statement not older than three months or a cancelled cheque. The bank statement must be on a bank letterhead or have a bank stamp on.

Name of account holder

Bank

Branch

Account number

Branch code

 - -

Account type

Current

Savings

Transmission

Signature of account holder

Date

 - -

Section 5: Declaration by the claimant/s

I/we warrant that I am/we are legally entitled to receive the proceeds under the said policy and that the estate/s is/are solvent and has/have not been ceded, sequestrated or alienated in any way.

Name of claimant

Signature of claimant

Date

 - -

Name of legal guardian/parent/trustee

Signature of legal guardian/parent/trustee

Date

 - -

If claimant is an institution:

Registration number

Name of institution (in block letters)

Name of designated signatory

I am/we are duly authorised to represent the legal entity.

Signature of designated signatory

Date

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