

Funeral claim form

(This form applies to all Funeral policies with Momentum).

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

All relevant questions are to be completed in full. All supporting documentation must be attached to the report.

Requirements

Please choose the category that applies to you and send us the documents marked as required for the particular category. If the policyholder is deceased, different documents are needed, as indicated.

Please indicate your role: Beneficiary Policyholder

	Policyholder	Beneficiary
A fully completed and signed <i>Funeral 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.	✓	✓
A certified copy of the policyholder's identity document.	✓	
A certified copy of the claimant's identity document (if the claimant is not the policyholder).		✓
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 beneficiary/ies 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. This means we can ask for additional information and documents.</i>)	✓	✓
Proof of payment for all funeral costs (if claimant is not the policyholder and the policyholder is deceased). <i>This only applies to Southern life and Sage Life policies.</i>		✓

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"/>					
Relationship to the deceased	<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"/>					
Occupation	<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"/>	
Date of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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).						
Date of funeral	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Place/cemetery of burial	<input type="text"/>					
Name of funeral parlour	<input type="text"/>					
Address of funeral parlour	<input type="text"/>				Postal code	<input type="text"/>
Telephone number of funeral parlour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of hospital and place of death	<input type="text"/>					
Hospital admission/patient number	<input type="text"/>					
Address	<input type="text"/>				Postal code	<input type="text"/>
Name of doctor who certified death	<input type="text"/>					
Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3: 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	<input type="text"/>																													
Bank	<input type="text"/>																													
Account number	<input type="text"/>																													
Account type	Current	Savings	Transmission																											
Branch	<input type="text"/>																													
Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>																							

Signature of account holder	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------------	----------------------	------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Section 4: Declaration by the claimant/s

I declare that the information I have given above is true and complete. I consent to Momentum seeking information about this claim from any source it considers appropriate and I authorise the providing of such information.

Name of claimant	<input type="text"/>																													
------------------	----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of claimant	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Name of legal guardian/parent/trustee	<input type="text"/>																													
---------------------------------------	----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of legal guardian/parent/trustee	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------