

Telephone Number: (012) 664 8459		Fax Number: 087 056 0046		E-mail: info@samhsfund.co.za	
Group / Division Name:			Employee Number:		
Funeral Claim		Car Rental (w/a)		Commuter (w/a)	

**Note: The issuing of this form is not tantamount to acceptance of the claim. This underwriter will verify all information received and deaths with the Department of Home Affairs.**

### A. DETAILS OF MEMBER / POLICY HOLDER

Initials:	Surname:	ID Number	Y	Y	M	M	D	D								
Full Names:		Marital Status:														
Contact Details:																

### B. DETAILS OF DECEASED

Initials:	Surname:	ID Number	Y	Y	M	M	D	D								
Full Names:																
Date of Birth	Y	Y	Y	Y	M	M	D	D								
Date of Death	Y	Y	Y	Y	M	M	D	D								
Cause of Death:	Natural Causes						Unnatural Causes									
If Unnatural - Please Specify the Exact Cause of Death:																
Relationship to Member:																

### C. DETAILS OF BENEFIARY / CLAIMANT

Initials:	Surname:	ID Number	Y	Y	M	M	D	D								
Full Names:		Relationship to Deceased:														
Telephone Number:																
<b>Siyavika Risk Solutions (Pty) Ltd will transfer the proceeds of this claim into your bank account directly. Please provide details below:</b>																
Name of Account Holder:																
Name of Bank:																
Account Number:																
Type of Account:	CHEQUE	SAVINGS	TRANSMISSION													
Branch Name:																
Branch Code:																

### D. DECLARATION BY BENEFICIARY / CLAIMANT

**I, the undersigned warrant that I am legally entitled to receive the proceeds of this funeral claim and that the estate is solvent and has not beenceded, sequestrated, or estranged in any way. I hereby declare the foregoing particulars are true in every respect and made without reservation.**

Signed at (place):		Date:
Signature of Beneficiary / Claimant:		
Signature of Person Submitting the Claim:		Date:
Company Stamp:		COMPANY STAMP

## E. PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT OF 2013.

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws.
2. to enable Us to fulfil our obligations in terms of this Claim.
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks, and other persons that assist with the processing of any benefit payable.
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime.
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if We have utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

## SUPPORTING DOCUMENTATION FOR FUNERAL CLAIM

**Please ensure that the following legible certified documents are attached: (Please tick box)**

**Any additional documentation / evidence that may be required by the Insurer**

	A copy of original application form / policy certificate (Group related request)
	A <b>CLEARLY</b> legible certified copy of the ID document of the deceased (If new ID card certified copy of both sides)
	A <b>CLEARLY</b> legible certified copy of Death Certificate
	A <b>CLEARLY</b> legible certified copy of the ID document of the Claimant (If new ID card certified copy of both sides)
	In case of funds being paid to a 3rd party – attach letter of consent, certified copy of ID Document and Bank Details of the 3rd party
	If no appointed beneficiary, first option must be a spouse then a parent then a child. The spouse must provide with marriage certificate/Lobola Letter, the parent and child must provide affidavits confirming the relationship. If it is a child claiming, all the other children must give consent nominate him/her as claimant. If any other relative letter of Authority is required.
	A Bank Statement / Letter to verify Banking Details of Claimant which is not older than 3 months
	A copy of <b>1st 3 pages of notice of death/still birth (DHA-1663 A) or a copy of 1st 2 pages of notice of death by the traditional Leader (DHA-1680A)</b>
	Copy of Marriage Certificate / Confirmation of Customary Union / Lobola Letter / Letter from Tribal Chief - If cohabiting, two affidavits accompanied by the certified copies of the elderly members of the family from both sides confirming that they were living together
	Copy of Birth Certificate / Adoption Papers reflecting Parent details in the case of an illegitimate or adopted child: A copy of the adoption certificate an affidavit or any other documentary proof satisfactory to the Insurer.
	In case of Still-Born - Clinic Card or Letter from Hospital signed by a doctor / stamp to verify term (weeks) of pregnancy. (Gestation period) Still born shall exclude the intentional termination of the life of the child.
	Where the Deceased is a Child over the age of 21 years (not older than 25yrs), and registered as a student, a certificate/ letter Signed by the Educational Institution that the Child attended until date of death, stating that the Child was a full-time Student
	A copy of latest Pay slip or bank statement confirming last premium deducted
	If the claim is submitted after 6 months an affidavit giving us reasons for late submission is required.
	Proof of residence of the claimant not older than 3 months

## UNNATURAL DEATH SUPPORTING DOCUMENTS (ALL ABOVE AND INFORMATION BELOW)

	Police report or accident report and postmortem report in case of unnatural death/under investigation
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## DISABILITY SUPPORTING DOCUMENTS (ALL ABOVE AND INFORMATION BELOW)

	Medical Report/s in case of disability
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## Siyavika Claims Information

**Telephone number:** 086 177 4688

**Fax number:** 086 679 0109

**E-mail:** claims1@siyavika.co.za