



Claim form

Once you've completed the form, please email it to claims@phakama.co.za and our claims team will take it from there.

Policy no.		Do you require repatriation services	Yes	No
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Main member details

Name and surname				
ID no.		Phone no.		
Email				

Beneficiary details (not applicable if the main member is the claimant)

Name and surname				
ID no.		Phone no.		
Email				

Main member/Beneficiary bank details

Acc no.				
Bank name		Account type		
Branch name		Branch code		

Deceased member/s details (member/s being claimed for)

Name and surname	ID no./date of birth	Relationship to main member

The following docs are required to claim:

- Certified copy of main member's ID.
- Certified copy of beneficiary's ID (not applicable if the main member is the claimant).
- Certified copy of the deceased's ID or birth certificate.
- Police report in case of an unnatural death.
- Certified copy of the deceased's death certificate.
- BI-1663 form with complete info of the notice of death.
- Official copy of main member's/beneficiary's bank statement.

It's a crime to knowingly provide false, incomplete or misleading info to an insurance company. Penalties include imprisonment, fines and denial of the insurance benefit.

Declaration

I, _____ declare that to the best of my knowledge, all the info that I've given in this claim form is accurate and complete and that I haven't withheld any info which could influence the decision on this claim. I further declare that I understand that my failure to disclose relevant info in respect of this claim could invalidate the claim. I acknowledge that I fully understand the contents of this declaration.

Claimant's signature

Date

Authorisation

I _____ hereby authorise King Price Life Insurance Limited (KPL) or any of its representatives to obtain any info regarding this policy from any doctor, insurer or elsewhere that could be necessary to investigate this claim. I further authorise KPL or any of its representatives to release and process any info relating to this claim to any other interested parties that it deems necessary in respect of this claim.

Claimant's signature

Date

Mandate for 3rd party claim payout

I, _____ ID no. _____, hereby give consent for my cash funeral benefit as per policy no. _____ to be paid out to the 3rd party as indicated below.

3rd party individual details (applicable if 3rd party is an individual)			
Name and surname			
ID no.		Phone no.	
Email		Relation to claimant	

Parlour details (applicable if 3rd party is a funeral parlour)			
Parlour name		Phone no.	

3rd party bank details			
Acc no.			
Bank name		Account type	
Branch name		Branch code	

Should there be an error in the banking details provided above that result in a payment made into the wrong account, I _____ fully indemnify both Phakama Administration Services and KPL, and confirm that I won't have any claim against both parties in this respect.

Claimant's signature

Date