

## Funeral Claim Form

Policy Provider \_\_\_\_\_

Policy number \_\_\_\_\_

Insured full name \_\_\_\_\_

### Your checklist

Tick where applicable and attached:

1. Funeral claim form	<input type="checkbox"/>
2. Copy of death certificate	<input type="checkbox"/>
3. Proof of identity of the deceased (copy of ID book/Smart Id/Passport/Birth Certificate)	<input type="checkbox"/>
4. Proof of identity of the beneficiary, if the deceased is the Main Life Insured	<input type="checkbox"/>
8. Proof of account of beneficiary (cancelled cheque or bank statement confirming the account holder's full names, account number and branch code)	<input type="checkbox"/>
9. A copy of the DHA1663 – Registration of Death Form	<input type="checkbox"/>
10. Proof of address (not older than 3 months) of the beneficiary	<input type="checkbox"/>
11. Police Report - completed by the Investigating Officer (in the event of Unnatural Death)	

**Please help us to help you by submitting all relevant documentation detailed above so that we can process your claim quickly.**

**Please note that incomplete forms or documentation will result in delays in the processing of your claim.**

Submit all documents to:

Phakama Administration Services (Pty) Ltd (FSP no. 1473)

Email: [claims@phakama.co.za](mailto:claims@phakama.co.za)

Fax No: 086 514 1115

Tel No: 012 348 8310

Postal: Private Bag x13, Lynnwood Ridge, 0181

### Particulars of Deceased

Full Name of deceased \_\_\_\_\_

Deceased's Relationship to Main Member (if applicable) \_\_\_\_\_

ID Number of deceased 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Underwritten by Guardrisk Life Limited, a licensed life insurer in terms of the Insurance Act 18 of 2017 and an authorised financial services provider (Registration Number 1999/013922/06 and FSP No 76). Tel: (011) 669-1000

Email: [info@guardrisk.co.za](mailto:info@guardrisk.co.za) / [LifeClaims@guardrisk.co.za](mailto:LifeClaims@guardrisk.co.za) Postal Address: PO Box 786015, Sandton, 2146

Physical Address: The Marc, Tower 2, 129 Rivonia Road, Sandton, 2196

Date of death

--	--	--	--	--	--	--	--

Exact cause of death

---

### Particulars of Beneficiary

Full Name of beneficiary

ID Number of the beneficiary

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to deceased

Cell No

Landline number

Email address

### Payment details

**For security reasons we recommend that payment be made directly into your bank account. We require proof of your banking details (account confirmation letter from the bank or a bank statement confirming the account holder's full names, account number and branch code)**

Account type

Savings ☐

Transmission ☐

Current/cheque ☐

Credit card

☐

Name of bank

---

Payee name

---

Branch name

---

Branch code

---

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell (account holder)

E-mail address (account holder)

---

Signature of account holder

---

Date

--	--	--	--	--	--	--	--

### Declaration

I hereby certify that the above information is true and correct in every detail and Guardrisk Life Limited is hereby authorised to make a payment as stated above. I agree payment as stated above shall constitute good and effectual settlement and shall be a full and final discharge to Guardrisk Life Limited of its liability in terms of the policy terms and conditions.

I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the

Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;

- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

I further confirm that the information I have provided is true and accurate and constitutes a full disclosure of information.

Claimant's Signature \_\_\_\_\_

Claimant's Name and Surname \_\_\_\_\_

Date

--	--	--	--	--	--	--	--

### **Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013**

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and 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 and kept for the period prescribed by the Applicable Laws.

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

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- 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:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- 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
- 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. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised 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.