

Funeral Claim Form

To claim, please complete this form and send it back to us by email; fax or hand it in at your nearest Safrican Client Service Centre.

Our contact details are:

Physical Address: Greenhill Village Office Park, Candelwood Building, Ground Floor, c/o Netabos & Botterklapper street, Pretoria, 0184

Postal Address: PO Box 616, Johannesburg, 2000, South Africa

Email Address: claims@phakama.co.za

Telephone Number: (012) 348 8310

Fax: (086) 514 1115



Attach the following documents to the completed claim form:

1. Certified proof of identity for the claimant (Clearly certified copy of ID or copy of Smart ID front and back or Passport or Birth Certificate)
2. Certified proof of identity for the deceased (Clearly certified copy of ID or copy of Smart ID front and back or Passport or Birth Certificate)
3. Proof of bank account into which the claim will be paid (First page of the bank statement stamped by the bank, not older than 3 months)
4. Certified copy of Death Certificate of the deceased
5. Certified copy of BI-1663 or DHA-1663 or BI-1680 (all pages to be included)
6. Marriage certificate or proof of relationship
7. Latest payslip
8. Safrian reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

A. DETAILS OF CLAIMANT

Policy Number(s).....Memorial ☐ Y ☐ N

Surname.....Title and Initials.....

Full Names.....Contact Number.....

Date of Birth (YYYY / MM / DD).....ID / Passport Number.....

Email Address.....Relationship to the deceased.....

Postal Address.....Postal Code.....

Residential Address.....Postal Code.....

B. DETAILS OF DECEASED

Surname.....Title and Initials.....

Full Names.....ID / Passport Number.....

Date of Birth (yyyy / mm / dd).....Date of Death.....

Cause of Death ☐ Natural ☐ Accidental ☐ Suicide

Death Certificate Serial Number.....BI-1663 or DHA-1663 Serial Number.....

C. CLAIMANTS BANK ACCOUNT DETAILS (TO WHICH POLICY BENEFIT MUST BE PAID)

Name of Claimant.....ID.....

Account Holder.....Bank Name.....

Account Number.....Branch Name.....

Branch Number.....Account type ☐ Savings ☐ Cheque ☐ Transmission

SIGNATURE OF CLAIMANT.....DATE.....

D. DECLARATION BY CLAIMANT

I hereby indemnify Safrian against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Safrian and/or the payment by Safrian to the above named beneficiary of any claim in respect of the deceased's death. FICA Validation:

The validity of this claim is subject to the fulfilment of party due diligence obligations of Safrian Insurance Company Limited under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

SIGNATURE OF CLAIMANTDATE.....