

Claim form Life Assistance: Group

Section A: Policy and main member details															
Group Master Policy number															
Main member first name(s)															
Main member surname															
Cell phone number							Date of birth	D	D	M	M	Y	Y	Y	Y

Section B: Claim details													
Deceased membership number													
Deceased national identification number												Age at time of death	
Deceased first name(s)													
Deceased surname													
Cause of death													
Place of death													
Date of death	D	D	M	M	Y	Y	Y	Y	Approximate time of death				
Treating doctor at time of death if applicable							Telephone number of treating doctor						
SAPS case number							Police station						
Name of investigating officer													
Claim date	D	D	M	M	Y	Y	Y	Y	Claim amount				

Section C: Beneficiary details															
Relationship to the deceased															
First name(s)							Date of birth	D	D	M	M	Y	Y	Y	Y
Surname							Cell phone								
Email address							Work number								
Address line 1															
Complex name							Unit number								
Street name							Street number								
Suburb							City								
Region							Postal code								

Section D: Payment details			
Do you authorise payment to be made to the Financial Services Provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'Yes', provide the name of the Financial Services Provider			
Account holder first name(s)			
Account holder surname			
Account name			
Bank name		Branch code	
Account number			
Account type			

Section E: Required documentation checklist	
A fully completed BrightRock Life Ltd claim form	<input type="checkbox"/>
A certified copy of the official death certificate issued by the Department of Home Affairs (BI-5)	<input type="checkbox"/>
A certified copy of the deceased's identity document	<input type="checkbox"/>
A certified copy of the beneficiary's identity document	<input type="checkbox"/>
Fully completed SAPS statement in the case of death due to unnatural causes (Officer's accident report - OAR)	<input type="checkbox"/>
Certificate of release if applicable	<input type="checkbox"/>
Notice of stillbirth or a copy of the antenatal card and a letter from the hospital in the case of stillbirth	<input type="checkbox"/>
Where applicable, a letter from the funeral parlour confirming that the deceased's remains are with them. (Must <input type="checkbox"/> be on a letterhead)	
Death notification (BI 1663) completed by doctor who certified the death	<input type="checkbox"/>
Proof of premium payment (Month of death)	<input type="checkbox"/>
Proof of banking details of the beneficiary	<input type="checkbox"/>
Policy to continue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any additional information deemed necessary by BrightRock Life Ltd (Please list below)	
1.	
2.	
3.	
4.	

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Main member first name (unless deceased) Main member signature (unless deceased) Date signed

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Beneficiary first name and surname Beneficiary signature Date signed