

CLAIM FORM

Once you've completed the form, please email it to claims@dignitygroup.co.za and our claims team will take it from there. Tel: 0861 777 100 | fax: 086 6653862

Policy no.		Claim no.	
Product name			

Main member details			
Name			
ID no.		Phone no.	
Email			
Address			
Employer name			
Employer phone no.			

Claimant details (if not the main member)			
Name			
ID no.		Phone no.	
Email			
Employer name			
Employer phone no.			

Claimant Banking Details	
Bank name	
Account no.	
Account type	
Branch code	
Branch name	

Deceased member/s details				
Member/s being claimed for				
Name	ID no./date of birth	Relationship to main member	Date of Death	Claim Amount

The following documents are required to claim:

- Certified copy of main member's ID.
- Certified copy of beneficiary's ID (if deceased is the main member).
- Certified copy of deceased member's ID or birth certificate.
- Police report in case of an unnatural death.
- Certified copy of deceased's death certificate.
- BI-1663 form with complete information of the notice of death.
- Copy of beneficiary's bank statement with bank stamp.
- Burial Order issued by Home Affairs.
- Confirmation letter from funeral Parlor.
- DHA 1680 form (If deceased passed away at home).
- Any other supporting documents.

I declare that the information provided is true and correct.

Claimant's signature

Date

It's a crime to knowingly provide false, incomplete or misleading information 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 information that I've given in this claim form is accurate and complete and that I haven't withheld any information which could influence the decision on this claim. I further declare that I understand that my failure to disclose relevant information 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 or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that could be necessary to investigate this claim. I further authorise King Price Life Insurance Limited or any of its representatives to release any information relating to this claim to any other interested parties that it deems necessary in respect of this claim.

I warrant that I'm legally entitled to the proceeds under this policy and that my estate is solvent and hasn't been ceded or sequestrated.

Claimant's signature

Date