

## 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 funeral parlour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', provide the name of the funeral parlour		
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