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## 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 be on a letterhead)	<input type="checkbox"/>
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