

Accelerated funeral claim form

Form to be completed by claimant.

Once you've completed the form, please email it to claims@stangenlife.co.za; or fax it to us at 087 942 725 and our claims team will take it from there; or phone us on 010 020 7655.

Section A

Particulars of the insured (deceased)			
Policy Number			
Surname			
First Names			
Title	Miss Mrs Mr Dr Prof	Initials	
ID no.			
Postal Address			
		Postal Code	
Physical Address			
		Postal Code	
Telephone (w)		Fax (w)	
Telephone (h)		Fax (h)	
Cell-phone			
Email Address			
Date of Death			
Detailed description of cause of death:			

Section B

Particulars of the claimant			
Surname			
First Names			
Title	Miss Mrs Mr Dr Prof	Initials	
In what capacity is this claim lodged			Beneficiary Cessionary Executor

ID. Number			
Postal Address			
		Postal Code	
Physical Address			
		Postal Code	
Telephone (w)		Fax (w)	
Telephone (h)		Fax (h)	
Cell-phone			
Communication preference	Post	Fax	Email
Email Address			

Particulars of claim by cessionary			
Title		Initials	
Surname		Gender	
First Names			
Amount Claimed	R		

Signature

Date

Bank details of claimant/estate	
Bank	
Account holder	
Account no.	
Account type	
Branch code	
Branch name	

Signature

Date

Declaration and authorisation by the claimant	
Policy Schedule Number	

Declaration

I/we _____ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

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Authorisation

I/we hereby authorise Stangen or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I/we further authorise Stangen or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestrated.

Signed on _____ day of _____ 20 ____.

Signature