

## CLAIM FORM: ACCELARATED FUNERAL (To be completed by claimant)

Policy underwritten by: The Standard General Insurance Company Limited "Stangen", an authorised long-term insurer licenced in terms of the Long-Term Insurance Act, 1998. Registration Number 1948/029011/06 (Authorised FSP: No 47235)

### SECTION A

#### PARTICULARS OF THE INSURED (DECEASED)

Policy Number

Surname  First Names

Title  Miss  Mrs  Mr  Dr  Prof  Initials

ID. Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w)  Fax (w)

Telephone (h)  Fax (w)

Cell-phone

Email Address

Date of Death  Y  Y  Y  Y  M  M  D  D

Detailed description of cause of death:

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## SECTION B

### PARTICULARS OF THE CLAIMANT

Surname  First Names

Title      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 (w)

Cell-phone  Communication Preference

Email Address

### PARTICULARS OF CLAIM BY CESSIONARY

Title  Initials  Gender  First Names

Surname  Amount Claimed

Signature  Date

### BANK DETAILS OF CLAIMANT / ESTATE

Name of Bank  Branch Name

Account Number  Branch Code

Name of Account Holder  Account Type

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 \_\_\_\_\_ of 20\_\_\_\_\_