Claim Form

Confidential

A Policy details

Policy number

Type of policy

Credit Life ☐ Classic Life ☐ Xtreme ☐ Funeral Plan ☐ Other ☐ (Specify)

B Details of Life Insured/Main member

Full name of Life Insured

Date of birth of Life Insured D D M M C C Y Y

ID number of Life Insured

Gender and marital status

Residential address

Postal code

Postal address

Postal code

Telephone

C Type of claim

Death – Please complete section I and II ☐

Serious injury/Disability or Dread Disease – Please complete section III ☐

I Details of the deceased

Surname Name(s) Title

ID number Date of death D D M M C C Y Y

Relationship to main member: Self ☐ Parent ☐ Spouse ☐ Child ☐ Other

Cause of death

Does the deceased have a will? Yes No

If "**Yes**", who is the executor of the estate?

II Particulars of the claimant – Only applicable for death claims

Surname Name(s) Title

ID number Relationship of deceased

Home address

Postal code

Postal address

Postal code

Work address

Postal code

Employer Employer

Telephone (H) Telephone (W) Cell

III Serious injury, disability or dread disease claims

What is the nature of your serious injury, disability or dread disease?

Was the serious injury/disability caused by an accident? Yes | No

D Doctor's details

Doctor's name

Contact details

E Banking details

Account number

Accountholder's name

Bank name

Branch

F Indemnity

I, the undersigned claimant, certify that all information provided by me, in respect of this claim is true and correct. I am the main member/beneficiary/executor of this policy and as such entitled to receive the benefit paid. I indemnify Absa Life Limited against any further claims in respect of this policy.

Name and surname

Title

Signature _____ Place

Date D D M M C C Y Y

G Branch use

Name of consultant

Employee number

Telephone

Site code

H Office use

Client code

CIF Yes | No

Account

I Claim requirements

a) Death claims

Death certificate (Bi-5) – Certified copy (Mandatory).
Deceased and claimants ID – certified copies (Mandatory).
Notification/Register of Death Bi 1663 (Mandatory).
Absa Police statement Absa 593 EX if the death was caused by an accident.
If you have documentation available regarding your claim please submit them to Absa Life together with this claim form.

b) Serious injury/disability or dread disease

If you have any documentation available regarding your claim please submit them to Absa Life together with this claim form.
Absa Life reserves the right to request additional documentation/information.