

# DEATH CLAIM FORM



Policy No:

Dear Valued Client

Please accept our condolences for your loss. We need you to complete the claim form and send it back with all the relevant documentation requested to [gapclaims@onepan.co.za](mailto:gapclaims@onepan.co.za), or fax. **086 716 7431**. Only once we have received a fully completed form will we be able to assess the incident being claimed for. Completion of this form by the Insured or an Insured Person or his/her mandated representative, does not in any way limit liability. Any cost incurred in completion of this form will be the responsibility of the Insured or Beneficiary.

## BENEFICIARY DETAILS

Title:	<input type="text"/>	Initial/s:	<input type="text"/>	Surname:	<input type="text"/>		
First Name:	<input type="text"/>				Gender:	<input type="text"/> M <input type="text"/> F	
Maiden Name:	<input type="text"/>	Language:	<input type="text"/>				
ID No:	<input type="text"/>	Date of Birth:	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Policy No:	<input type="text"/>		
Cell No:	<input type="text"/>	Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>		
Physical Address:	<input type="text"/>						
	<input type="text"/>	Postal Code:	<input type="text"/>				
Postal Address:	<input type="text"/>						
	<input type="text"/>	Postal Code:	<input type="text"/>				

## BANKING DETAILS OF BENEFICIARY

Bank:	<input type="text"/>	Account No:	<input type="text"/>
Branch Code:	<input type="text"/>	Account Holder:	<input type="text"/>
Branch Name:	<input type="text"/>	Account Type:	<input type="text"/>

## DEATH CLAIM

Date of Death:	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Place of Death:	<input type="text"/>
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## CAUSE OF DEATH

Natural death due to disease, operation or age:	<input type="text"/>	Specify Cause:	<input type="text"/>
Unnatural death due to accident or injury:	<input type="text"/>	Specify Cause:	<input type="text"/>

## REPATRIATION

Name of funeral services:

Contact No:

Place where remains are kept:

Place of burial:

NO	THE FOLLOWING INFORMATION MUST BE PROVIDED AS AND WHEN IT BECOMES AVAILABLE	OFFICE USE
A	A certified copy of the death certificate	
B	A certified copy of the deceased's ID	
C	A certified copy of the Beneficiary's ID	
D	Proof of bank account of the Beneficiary	
E	Proof of residence of the Beneficiary	
F	Quotation for repatriation (if applicable)	

I, the undersigned hereby give instructions to the Underwriter, to pay any benefits to the nominated account. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and instruct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I agree that the cover for repatriation will be paid directly to the relevant service provider.

Signed by the beneficiary who authorized to claim on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ at \_\_\_\_\_

Signature: \_\_\_\_\_ Name & Surname: \_\_\_\_\_

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## ANNEXURE A UNNATURALLY DEATH CLAIM FORM

### DECEASED

Full name of deceased:

Policy No:

### TICK THE RELEVANT CAUSE OF DEATH



Assault as an innocent bystander	<input type="checkbox"/>
Assault incident provoked by the insured deceased	<input type="checkbox"/>
Assault when on duty	<input type="checkbox"/>
Motor vehicle accident, insured deceased was a passenger	<input type="checkbox"/>
Motor vehicle accident, insured deceased was a pedestrian	<input type="checkbox"/>
Motor vehicle accident, insured deceased was a driver	<input type="checkbox"/>
Possible Suicide deceased	<input type="checkbox"/>
Shooting accident	<input type="checkbox"/>
Shooting due to the insured deceased taking his/her own life	<input type="checkbox"/>

### GIVE A DETAILED DESCRIPTION OF HOW THE INCIDENT HAPPENED


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(010) 001 0141 [www.oneplan.co.za](http://www.oneplan.co.za)

2nd Floor, South Tower, Nelson Mandela Square, Corner Maude & 5th Street, Sandton City, Johannesburg, 2196

Oneplan™ is administered by Oneplan Underwriting Managers (Pty) Ltd, an authorised financial services provider FSP43628. Oneplan is not a benefit option regulated by the Medical Schemes Act, but a non-life insurance product underwritten by Bryte Insurance Company Limited a licensed insurer and an authorised FSP (17703).

Underwritten By



## INVESTIGATING OFFICER'S REPORT

Date of Death:  Time of Death:  Place of Death:

Who identified the deceased:  Date of Death:

This person's relationship to the deceased:

In the event of a motor vehicle accident that the insured deceased was the driver, confirm that the insured was in possession of a valid driver's licence.

Driver's license code:

Date issued:  Valid until:  Was a blood alcohol test done on the driver:

If yes, what was the result? (Please attach a copy of the test result) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police case Reference No:

Name of Investigating Officer:  Contact No:

Name of eye-witness:  Contact No:

Full names and surname of third party involved:  Contact No:

## AUTOPSY DETAILS

Date of autopsy:  Name of doctor who performed the autopsy:

Death Registration No:  Cause of death, determined by autopsy:

Serial number of medical certificate:

## POLICE STAMP

	<hr/> <p>Signature of investigating officer</p> <p>Date: <input type="text" value="Y Y Y Y M M D D"/></p>
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