DEATH CLAIM FORM



Daliay Na.	
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 **claims@oneplan.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.

BENEFICIE	RY DETAILS
Title:	Initial/s: Surname:
First Name:	Gender: M F
Maiden Name:	Language:
ID No:	Date of Birth: Y Y Y M M D D Policy No:
Cell No:	Home Phone: Work Phone:
Physical Address:	
	Postal Code:
Postal Address:	
	Postal Code:
BANKING	DETAILS OF BENEFICIARY
Bank:	Account No:
Brunch Code:	Account Holder:
Brunch Name:	
brunch Name.	Account Type:
DEATH CLA	AIM
Date of Death:	Y Y Y M M D D Place of Death:
CAUSE OF	DEATH
Natural death due operation or age:	to disease, Specify Cause:
Unnatural death daccident or injury:	

(บาบ) บบา บา4า www.onepian.co.za 2nd Floor, South Tower, Nelson Mandela Square, Corner Maude & 5th Street, Sandton City, Johannesburg, 2196

Limited a licensed insurer and an authorised FSP (17703).

Underwritten By

Bryte

A certified copy of the death certificate A certified copy of the deceased's ID A certified copy of the Beneficiary's ID Proof of bank account of the Beneficiary Proof of residence of the Beneficiary							
THE FOLLOWING INFORMATION MUST BE PROVIDED AS AND WHEN IT BECOMES AVAILABLE A certified copy of the death certificate A certified copy of the deceased's ID A certified copy of the Beneficiary's ID Proof of bank account of the Beneficiary Proof of residence of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by give instructions to the Underwriter, to pay any benefits to the nominated count. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. I greed by the beneficiary who authorized to claim on this day of 20 at	ime o	f funeral services:	Cont	act No:			
A certified copy of the death certificate A certified copy of the deceased's ID A certified copy of the Beneficiary's ID Proof of bank account of the Beneficiary Proof of residence of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by 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 struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. In the proof of the Beneficiary who authorized to claim on this day of 20 at		here remains are	Place	e of burial:			
A certified copy of the deceased's ID A certified copy of the Beneficiary's ID Proof of bank account of the Beneficiary Proof of residence of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by 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 struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. gned by the beneficiary who authorized to claim on this day of 20 at	NO	MUST BE PROVIDED AS AND WHEN	1		OFF	CE USE	
A certified copy of the Beneficiary's ID Proof of bank account of the Beneficiary Proof of residence of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by 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 struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. gned by the beneficiary who authorized to claim on this day of 20 at		A certified copy of the death certificate					
Proof of bank account of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by 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 struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. gned by the beneficiary who authorized to claim on this day of 20 at	}	A certified copy of the deceased's ID					
Proof of residence of the Beneficiary Quotation for repatriation (if applicable) the undersigned there by give instructions to the Underwriter, to pay any benefits to the nominated count. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. gned by the beneficiary who authorized to claim on this day of 20 at		A certified copy of the Beneficiary's ID					
Quotation for repatriation (if applicable) the undersigned there by give instructions to the Underwriter, to pay any benefits to the nominated count. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. Igned by the beneficiary who authorized to claim on this day of 20 at)	Proof of bank account of the Beneficiary					
the undersigned there by give instructions to the Underwriter, to pay any benefits to the nominated count. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree that the cover for repatriation will be paid directly to the relevant service provider. Igned by the beneficiary who authorized to claim on this day of 20 at		Proof of residence of the Beneficiary					
scount. I further give a mandate to One card Management Services (Pty) Ltd to act on my behalf and struct One card Management Services (Pty) Ltd to instruct payment as request and mandated by me. I gree 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	:	Quotation for repatriation (if applicable)					
gnature: Name & Surname:	ccoun struct gree t	t. I further give a mandate to One card Manageme t One card Management Services (Pty) Ltd to instru hat the cover for repatriation will be paid directly t	ent Servi uct paym to the re	ces (Pty) L nent as red levant ser	td to act o quest and vice provice	n my behalf mandated by der.	and / me. l
	struct struct gree tl	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. l
	coun struct ree th	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. l
	coun struct gree th gned b	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. l
	coun struct gree th gned b	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. l
	coun struct gree th gned b	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. l
	ccoun struct gree th gned b	t. I further give a mandate to One card Management One card Management Services (Pty) Ltd to instruent the cover for repatriation will be paid directly to the beneficiary who authorized to claim on this	ent Servi uct paym to the re day	ces (Pty) Lenent as reconstruction levant services of	td to act o quest and vice provic	n my behalf mandated by der. 20	and / me. I

INITIAL HERE



ANNEXURE A UNNATURALLY DEATH CLAIM FORM

DECEASED	
Full name of deceased: Policy No:	
TICK THE RELEVANT CAUSE OF DEATH	Y
Assault as an innocent bystander	
Assault incident provocked by the insured deceased	
Assault when on duty	
Motor vehicle accident, insured deceased was a passenger	
Motor vehicle accident, insured deceased was a pedestrian	
Motor vehicle accident, insured deceased was a driver	
Possible Suicide deceased	
Shooting accident	
Shooting due to the insured deceased taking his/her own life	
GIVE A DETAILED DESCRIPTION OF HOW THE INCIDENT HAPPENED	

INITIAL HERE



INVESTIGATING OFF	ICER 3 REPORT			
Date of Death: Y Y Y M	M D D Time of Death:	Place of De		
Who identified the deceased:		Date	of Death: Y Y Y M N	I D D
This person's relationship to th	ne deceased:			
In the event of a motor vehicle possession of a valid driver's li	e accident that the insured deceased wicence.	vas the driver, cor	nfirm that the insured was	in
Driver's license code:				
Date issued: Y Y Y Y M M D	Valid until: Y Y Y M M D D	Was a blood alcoh	ol test done on the driver:	Y N
If yes, what was the result? (Ple	lease 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		Contact No:		
third party involved:		Contact No.		
AUTOPSY DETAILS				
Date of autopsy: Y Y Y N	Name of doctor who perfon	med the autopsy:		
Death Registration No: Y Y	Y Y M M D D Cause of death, deter	mined by autops	y:	
Serial number of medical certif	ficate:			
POLICE STAMP				
		Signature of in	nvestigating officer	_
		_		
		Date. [T T	Y Y M M D D	

INITIAL HERE

