FUNERAL CLAIM FORM

Impande Financial Services | CK 2018/319034/07 | 96 Lesolang Street, Orlando West, Soweto, Gauteng | +2781 3269909 | cover@impandefs.co.za | www.impandefs.co.za

To claim, please complete this form and send it back to us by email to cover@impandefs.co.za

Attach the following documents to the completed claim form:
1. Certified proof of identity for the claimant (certified copy of ID or certified copy of birth certificate or certified copy of passport)
2. Certified proof of identity for the deceased (certified copy of ID or certified copy of birth certificate or certified copy of passport)
3. Proof of bank account into which the claim will be paid (bank statement stamped by the bank or cancelled cheque or salary advice)
4. Certified copy of death certificate of the deceased
5. Fully completed police report, if the cause of death is unnatural; accidental; or suicide
6. Certified copy of BI-1663 or DHA-1663 or BI-1680

1. DETAILS OF POLICY HOLDER

Policy Number																			
Title and Initials:						First Names:													
Surname:																			
Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y			Gender:	M	F				
I.D. / Passport Number:																			
Relationship to the deceased:																			
Address:																			
												Postal Code:							

2. DETAILS OF DECEASED

I.D. / Passport Number:																			
Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y			Gender:	M	F				
Date of Death:	D	D	/	M	M	/	Y	Y	Y	Y									
Title:					Initials:						Marital Status:								
First Name:																			
Surname:																			
Last known Address:																			
												Postal Code:							
Cause of Death:	Natural			☐				Accidental / Unnatural			☐				Suicide			☐	
Death Certificate Serial Number:																			
BI-1663 or DHA-1663 Serial Number:																			

3. ADDRESS OF DELIVERY FOR BENEFITS AND / OR BANK ACCOUNT TO WHICH POLICY BENEFIT MUST BE PAID

Account Holder Name:																			
I.D. / Passport Number:																			
Bank Name:											Branch Name:								
Account Number:											Branch Code:								
Account Type:	Savings			☐				Cheque			☐				Transmission			☐	

4. DECLARATION BY CLAIMANT

I hereby indemnify Impande Financial Services (IFS) against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to IFS and/or the payment by IFS to the above named beneficiary of any claim in respect of the deceased's death.
FICA Validation:

The validity of this claim is subject to the fulfilment of party due diligence obligations of Guardrisk Insurance Company Ltd under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable

SIGNATURE OF CLAIMANT

D D / M M / Y Y Y Y
DATE