Hill on Empire Office Park
2nd Floor Building B
Cnr Empire Rd and Hillside Road
Parktown
2193

Postnet Suite 409, Private Bag X30500, Houghton, 2041

T 0860 64 54 33
E info@life.miway.co.za

Death Claim Form

To claim, please complete this form and email it back to us at life.claims@miwaylife.co.za. Or you can call our Servicing Department at 0860 64 54 33.

Attach the following documents to the completed claim form:

1. Fully completed Death Claim Form
2. Certified copy of the death certificate of the deceased (BI5)
3. Certified copy of ID for the deceased
4. Certified copy of ID for the claimant (certified copy of ID or certified copy of birth certificate)
5. Proof of Bank Account into which the claim will be paid (bank statement stamped by the bank) or estate account details in the event of no nominated beneficiaries
6. Certified copy of the DHA 1663 or BI 1663
7. A fully completed police report (MiWayLife Police Report form) if the cause of death is unnatural, for example, accident/ suicide or death at home
8. A copy of the Road Traffic Accident Report if the cause of death is a Motor Vehicle Accident

Full Name Insured: _____

Policy Number: _____

1. Details of Deceased

a. Full first name(s) and Surname: _____

b. ID Number: _____

c. Date of Birth: _____ Date of Death: _____

d. Marital status (Single / Married / Divorced / Widowed / Permanent Life Partner): _____

If the deceased was married, complete the following

- Full name of the spouse _____
- Date of birth of the spouse _____

e. Last known Residential Address: _____

f. Telephone Number (Home, Work and/or Cell: _____

g. Name of Employer prior to death: _____

h. Name of the Medical Aid _____ Medical Aid No. _____

2. Details of Death

a. Cause of Death (Motor Vehicle Accident/Suicide/Shooting/Other):

_____

b. Please provide more details as to the cause of death: _____

_____

c. Hospital / Place of death, Address, and Telephone number: _____

MiWayLife is a division of Sanlam Life Insurance Limited (Reg No. 1998/021121/06) and an authorised financial services provider (FSP: 45741)
Divisional Board members: Jaco Coetzee (Chairperson), Craig Baker, Jill Rose, Phillip Mojapelo, Burton Naicker, Karin Muller, Neil van Rensburg

_____

d. Date of Funeral: _____

e. Place / Cemetery of burial: _____

f. Name of Funeral Parlour, Address, and telephone number: _____

3. Details of Claimant

a. Full First Name(s) and Surname: _____

b. ID Number: _____ Date of Birth: _____

c. Residential Address: _____

_____ Code: _____

d. Home Tel: _____ Work Tel: _____ Cell: _____

Email address: _____

e. Employer Name and Work Address: _____

_____ Code: _____

f. Relationship to the deceased, e.g., Spouse/Father/Son/Permanent Life Partner/etc.: _____

4. Details of the Family Doctor / Hospital / Clinic / Specialist

Please provide the names of all doctors, hospitals, and clinics that the deceased consulted in the last 10 years:

Doctor 1

Dr. _____ Address: _____

Telephone number: _____ Cellphone number: _____

E-mail address: _____

Consultation date(s): _____

A short description of the reason for consultation: _____

_____

Doctor 2

Dr. _____ Address: _____

Telephone number: _____ Cellphone number: _____

E-mail address: _____

Consultation date(s): _____

A short description of the reason for consultation: _____

_____

Doctor 3

Dr. _____ Address: _____

Telephone number: _____ Cellphone number: _____

E-mail address: _____

Consultation date(s): _____

A short description of the reason for consultation: _____

_____

Hospital / Clinic

Name of the Hospital / Clinic:

_____

Address:

_____

Attending doctor: _____ Contact detail:

_____

Consultation date(s):

_____

A short description of the reason for consultation:

_____

_____

_____

5. Details of the Claim by Cessionary (e.g., Bank)

To be completed by the cessionary

a. Full First Name(s) and Surname: _____

b. Amount being claimed R _____

Signature of Cessionary: _____ Date: _____

6. Other Information (if applicable)

a. Name of Headman / Tribal Chief: _____

b. Address and Telephone Number of Headman / Tribal Chief: _____

_____

c. If the deceased was a child, Name, Address, Telephone number, and Name of School and Principal:

_____

7. Declaration by Claimant

I ..... (Full First name(s) and Surname printed), declare that the above details are true and correct. In the event that this claim or any supporting documentation (or claim documentation) is found to be fraudulent MiWayLife reserves the right to proceed with the appropriate action against the claimant.

I, further irrevocably authorise any Doctor or any other person who has attended to the Insured, or any hospital or other institution which has medical information about the insured, to disclose such information to MiWayLife.

Signature of Claimant: _____ Date: _____

First name(s) and Surname: _____

8. Payment Details

I request that payment be made into the following bank account in my name:

Name of Account Holder: _____

Bank Name: _____ Branch Name: _____

Branch Code: _____ Bank Account Number: _____

Account type (Current / Savings / Transmission): _____

ID Number of Account Holder: _____ Contact Number of Account Holder: _____

Signature of Claimant: _____ Date: _____

First name(s) and Surname: _____

9. Declaration and Authorisation by the Claimant

Policy 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 that 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.

Authorization

I/we hereby authorize MiwayLife 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 authorize MiwayLife or any of its representatives to release my information regarding 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 at _____

Signature of Claimant(s) _____ Date _ _ _/_ _ _/_ _ _

First name(s) and Surname: _____

Signature of legal guardian/parent/trustee _____

Signature of Commissioner of Oath/Justice of the peace _____

Official Stamp Date _ _ _/_ _ _/_ _ _

MiWayLife Disclosures

POPIA

MiWayLife cares about your privacy. To provide you with our service, we and our service providers must process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.