

CLAIM FORM: FUNERAL PLAN

Policy underwritten by The Standard General Insurance Company Limited "Stangen", an authorised long-term insurer licensed in terms of the Long-term Insurance Act, 1998. Registration Number 1948/029011/06 (Authorised FSP: No 47235)

Policy Number: (required)

MAIN MEMBER

Surname First Names
 ID Number Email
 Home Number Mobile Number
 Employer Name Employer Tel. Number

BENEFICIARY DETAILS (if not a main member)

Surname First Names
 ID Number Email
 Home Number Mobile Number
 Employer Name Employer Tel. Number

BANKING DETAILS

Name of Bank Branch Name
 Account Number Branch Code
 Account Type

DETAILS OF DECEASED MEMBER/S

Member/s being claimed for:

Surname	First Names	ID Number/Date of Birth	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following documents are required to claim:

- Certified copy of main member's ID
- Certified copy of beneficiary's ID (if deceased is the main member)
- Certified copy of deceased member's ID (or children's birth certificate)
- Certified copy of deceased's death certificate
- BI-1663 form with completed information of the notice of death
- Copy of beneficiary's bank statement with a bank stamp
- Police Report for unnatural death

I declare that the information provided is true and correct

Claimant Signature

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company. Penalties include imprisonment, fines and denial of the insurance benefit