



Your claim will only be considered if every question has been completed in full.

The following must be included when submitting this form:

- a. An original/certified copy of the printed Home Affairs death certificate (no unabridged death certificates will be accepted)
- b. Certified copies of the ID documents of both the deceased and the claimant
- c. Proof of the banking details of the claimant (e.g. cancelled cheque or bank statement)
- d. A fully completed Hollard Life Death Claim Form by the police in the case of accidental death

Return the completed form and the above documents to lifecclaims@hollard.co.za or fax to 086 659 0135.

1. Policy owner details

Policy no. _____ ID no. _____

Name of insured _____

Tel. no. _____ Cell no. _____

E-mail address _____ Mandatory

Residential address _____

Postal address _____

2. Details of deceased

Full name _____

ID no. _____

Relationship between claimant and deceased (e.g. father/son) _____

Name of employer prior to death _____

Occupation prior to death _____

3. Claimant details

Full name _____

ID no. _____

Cell no. _____

Tel. no. _____ Fax no. _____

E-mail address _____ Mandatory

Residential address _____

Postal address _____

4. Details of the death

Date of death

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name, address and contact number of hospital/place of death _____

Provide full details of the cause of death ('natural causes' or 'unnatural death' is not acceptable – state the circumstances leading to death)

Date of funeral

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Cemetery place of burial _____

Name, address and contact number of funeral parlour that directed the burial

Name of police station where death was reported

Police case number (where applicable, e.g. unnatural causes)

Name of the investigating officer and contact number

Name, address and contact number of medical attendant who certified the death

5. Declaration by claimant

I declare that the statements above are true and complete. In the event that this claim or any supporting documentation is found to be fraudulent, Hollard Life reserves the right to proceed with the appropriate action against me.

I further authorise any medical attendant or any other person who has attended to the life insured, or any hospital or other institution that has medical information about the life insured, to disclose this information to Hollard Life.

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|