

MIWAYLIFE FUNERAL CLAIM FORM

NB: Please select preferred method of communication.

Email WhatsApp Tel.

Section A: Policyholder's details

Policy Number _____

Full first name(s) and Surname _____

ID Number _____

Section B: Details of the deceased

Identity number _____ Name and surname _____

Relationship to Policyholder _____ Date of death _____

Cause of death _____ Place of death _____

Section C: Employer details

Employer's name _____

Physical address _____

Postal code _____ Contact number _____

Section D: Details of Claimant

Full First Name(s) and Surname _____

ID Number _____ Date of Birth _____

Residential address _____

Code _____

Home Tel _____ Work Tel _____ Cell _____

Employer's name and work address _____

Code _____

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

Section E: Banking details of Claimant

For security reasons, payment must be made directly into your bank account. No payment will be made in favour of a third party. It may take two additional working days to reflect. MiWayLife does not take responsibility if incorrect banking details are provided.

Bank Name	
Branch code	
Type of account	
Bank account number	
Name of account holder	

Section F: Checklist

Apart from this fully completed claim form, we require the following documents to assess and process your claim as quickly as possible. The documents you have provided will be indicated by ticking YES/NO below. As the claimant, it is your responsibility to provide any outstanding documents before we can assess your claim and make a decision.

NB: All documentation must be certified by a commissioner of oaths.

Required documents	Documents attached	
	YES	NO
Certified copy of death certificate (BI5)		
Certified copy of the South African ID document of the deceased		
Certified copy of the South African ID document of the beneficiary/ claimant		
Notice of death (BI1663) or notice of death by Traditional Leader (BI1680).		
Copy of the claimant's bank statement		
Additional in the event of an unnatural/ accidental death: Completed 'Statement by Police' form		
Additional in the event of the death of a child: Full certified copy of birth certificate showing the names of the parents		
Additional in the event of Still born benefit: Antenatal Records or Gestation Period Chart		
If no beneficiary was nominated, a certified copy of Letter of Executorship or Acceptance Letter		
An original, certified copy of the marriage certificate, if the spouse of the deceased is the beneficiary.		
Proof of authority to act on his/her behalf, if the claimant does not have legal capacity to act for himself/herself.		
Affidavit (If Claimant is not the spouse)		

Please check and confirm that the details provided are correct, clear and readable.

NB: No claim will be assessed if the information is not fully completed and verifiable.

Section G: Declaration by Claimant

Name and Surname _____

ID Number _____

Postal address _____

Code _____

I, the claimant, hereby declare that I have handed in this claim form and the documentation indicated above/attached to this claim form. I agree and understand that:

- Submission of the above information and documentation does not mean that the claim has been approved.
- No claim on the abovementioned policy will be assessed or processed until all the required documentation has been received by MiWayLife.

- Incomplete information or outstanding documentation may cause delays and/or may be requested at a later stage.
- MiWayLife reserves the right to request additional documentation or information deemed necessary to assess, verify or process the claim, which will be provided by me, the claimant, at my own expense.
- Where premiums are in arrears at the date of a valid claim, MiWayLife may deduct any outstanding premiums from the claim benefit prior to payment.
- Payment of this claim will be the full and final settlement of MiWayLife's liability in respect of the current claim under this policy.
- I hereby irrevocably authorise MiWayLife to communicate any message or information regarding this claim by use of Short Message Service (SMS).

I/We declare that, to the best of my/our knowledge, all the information provided in this claim form is true, accurate and complete, and that I/we have not withheld any information that could influence the decision on this claim. I/We further acknowledge that failure to disclose relevant information may invalidate the claim. I/We confirm that I/we fully understand the contents of this declaration.

Section H: 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 sequestered.

Signed at _____ **on this** _____ **day of** _____ **20** _____

Signature of Claimant(s)/Legal Guardian/Parents/Trustee _____

Signature of Commissioner of Oaths/Justice of the Peace _____

Official Stamp



MiWayLife Disclosures

POPIA

MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, 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.