

FUNERAL/DISABILITY CLAIM FORM DETAILS

Tick the appropriate box to confirm the claim being submitted:

Funeral Claim

Disability Claim

In the event of a claim for the Principal Member or his/her dependant, the claimant will be required to submit the fully completed claim form and supporting documentation listed below within **6 (SIX) months** from the date of death to funeralclaims@letsatsi-insurance.co.za or any Letsatsi Finance and Loan branch.

For any queries, please contact Letsatsi Finance and Loan on 010 612 6398.

1. PRINCIPAL MEMBER DETAILS

| | | | | | | | | | | | | |
|-------------|------------|--|--|--|--|--|----------------|--|--|--|--|--|
| Title | Full Names | | | | | | | | | | | |
| Surname | | | | | | | Inception Date | | | | | |
| Policy No. | | | | | | | Marital Status | | | | | |
| I.D. Number | | | | | | | | | | | | |

2. DISABLED / DECEASED DETAILS

| | | | | | | | | | | | | |
|---------------------------|---------------------|--|--|--|--|--|---|---|--|--|--|--|
| Full Names | | | | | | | Surname | | | | | |
| Cause of Death/Disability | | | | | | | | | | | | |
| Relation to Main Member | 1. Principal member | | | | | | Tick appropriate box and provide the relevant documents from page 2 | | | | | |
| | 2. Spouse | | | | | | | | | | | |
| | 3. Eligible child | | | | | | | | | | | |
| | 4. Extended family | | | | | | | | | | | |
| Date of Death/Disability | | | | | | | Claim Amount | R | | | | |
| I.D. Number | | | | | | | | | | | | |

3. CLAIMANT DETAILS

| | | | | | | | | | | | | |
|----------------|--|--|--|--|------------|--|---------|--|--|-------------|--|--|
| Full Names | | | | | | | Surname | | | | | |
| I.D. Number | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | Postal code | | |
| Tel No (H) | | | | | Tel No (W) | | | | | Cell No | | |

4. PAYMENT INSTRUCTIONS – EFT TO BENEFICIARY (Please attach proof of account)

| | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|-------------|--|--|--|--|--|
| Name of Account Holder | | | | | | | Bank | | | | | |
| Account Number | | | | | | | Branch | | | | | |
| Account Type | | | | | | | Branch Code | | | | | |

5. PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with and Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally, and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

6. CLAIMANT DECLARATION

I hereby waive any right to privacy and authorise Letsatsi Finance and Loan (Pty) Ltd:

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorize to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

SIGNATURE: _____

DATE: _____

| FOR INTERNAL USE ONLY | | | |
|-----------------------|--|----------------|--|
| Amount Due | | Processed By | |
| Less Deductions | | First Approval | |
| Total Paid | | Final Approval | |

SUPPORTING DOCUMENTS IN THE EVENT OF A CLAIM

DEATH CLAIM

Should the cause of death be due to **unnatural causes**, we require the following:

- A **Police Report** to be completed by the investigating officer at the Police Station where the incident was reported.
- An **Investigation Report** if the cause of death is under investigation to be completed by the investigating officer at the Police Station where the incident was reported.
- o **Death of a Principal Member**
 - Certified copy of **Principal Member's Identity document**
 - Certified copy of computerized **Death Certificate (DHA-5)**
 - **Proof of address** of the Claimant
 - Certified copy of Beneficiary's Identity document
 - Copy of **Beneficiary's Bank Statement or proof of bank account**
 - **Proof of advance payment** – signed affidavit and banking details of the employer / party who advanced funds or paid directly for the funeral costs (Letsatsi may pay this person directly)
 - Copy of Notification/Register of Death/Stillbirth (**DHA-1663**).
- o **Death of a Spouse**
 - Certified copy of **Deceased Spouse's Identity document**
 - Certified copy of computerized **Death Certificate (DHA-5)**
 - Certified copy of **Principal Member's Identity document**
 - **Proof of address** of the Claimant
 - Copy of **Principal Member's Bank Statement or proof of bank account**
 - **Proof of advance payment** – signed affidavit and banking details of the employer / party who advanced funds or paid directly for the funeral costs (Letsatsi may pay this person directly).
 - Certified copy of **Marriage Certificate**
 - Copy of Notification/Register of Death/Stillbirth (**DHA-1663**)

In the absence of a **Marriage Certificate** or in the event of a surname difference from that of the Principal Member, **any TWO or more** of the following documents will be required:

- Letter from **Tribal Chief**, or
- Letter providing **Customary Marriage** and/or **Common-Law Spouse** from the Home Affairs, or
- **Medical Aid card** reflecting dependents and participation status.
- o **Death of a Child or Extended Family**
 - Certified copy of Abridged/computerized **Death Certificate** (Depending on the child's age) **DHA-20**
 - Certified copy of Deceased **Child's Birth Certificate/or ID / or Passport** (Depending on the child's age)
 - Certified copy of **Principal Member's Identity Document**
 - **Proof of address** of the Claimant
 - Copy of Principal Member's Bank Statement or proof of bank account.
 - Proof of advance payment – signed affidavit and banking details of the employer / party who advanced funds or paid directly for the funeral costs (Letsatsi may pay this person directly)
 - Copy of Notification/Register of Death/Stillbirth (**DHA-1663**)

In the event of a surname difference from that of the Principal Member, **any TWO or more** of the following documents will be required:

- **Registration/Birth Certificate** reflecting both parent details (DHA-23 / DHA-5), or
- **Baptismal Certificate** reflecting both parent details, or
- **Adoption papers**, or
- **Marriage Certificate** and **Birth Registration** in respect of stepchildren, or
- **Medical Aid card** reflecting the child's name.

DISABILITY CLAIM

- Proof of disability – A fully completed disability claims medical questionnaire from a registered medical practitioner (Doctor).
- Certified copy of **Principal Member's Identity Document**.
- **Proof of address** of the Claimant
- Copy of **Principal Member's Bank Statement** or proof of bank account

If we find that the questionnaire is not completed adequately, we will require an updated questionnaire. We may need to contact the Doctor directly and reserve our rights to do so.