FUNERAL BENEFIT CLAIM FORM

Policy underwritten by RMA Life a licensed life insurer. Rand Mutual Admin Services (Pty) Ltd is an authorized Financial Services Provider (FSP No. 46113)

The form must be fully completed to prevent unnecessary delays. Please complete one form per claim.

For the assessment of the claim, the following documents are required:

- A certified copy of the main insured's identity document
- A certified copy of the deceased's identity document
- A certified copy of the death certificate
- A copy of the completed DHA-1663 report
- Proof of banking details (proof of banking details will only be accepted if stamped by the bank, and if not older than 3 months. (Internet bank statements will not be accepted).
- If the cause of death is unnatural, a copy of the relevant police report.

Should you have any other documentation available, regarding the claim, you are welcome to submit it together with the above requirements.

Please return this form to FuneralClaims@randmutual.co.za

Please note that the request for the completion of this form does not constitute an admission of liability by RMA Life. All fields are mandatory.

A. Policy Details

Group Name	
Policyholder	
Policy Number	
Employee/Payroll Number	

B. Claimant Details

First Names					
Surname					
ID Number/Passport Number					
Identification Type	**SA ID**	○	**Passport**	○	
Contact details					
Relationship to the deceased					

Directors: T Dloti (Chairman), MK Mabe (Deputy Chairman), EMS Mojapelo, R Naidoo, DB O'Brien, K Pillay, R Rajcoomar, S Sivhugwana, MM Shezi (CEO), I Vally (Acting CFO)

10 St Andrews Road, Parktown, 2193 | Tel: 0860 222 132 | Email: contactcentre@randmutual.co.za
Company Reg No. 1990/006308/06) | Licensed Life Insurer (PA Reg No. 10/10/1/116) | **www.randmutual.co.za** | Tip-Offs Fraud line: 0800 21 22 56

C. DECEASED DETAILS

Please complete this section if the deceased is not the main insured, but another insured (spouse, child, parent, or extended family member)					
First Names					
Surname					
ID Number/Passport Number					
Identification Type	**SA ID**	○	**Passport**	○	
Date of Birth					
Gender					
Relationship to the main insured					

D. Claim Details

Date of Death				
Cause of death				
Was the death due to an accident	Yes	○	No	○

D. Payment Details

Payment can only be made to the main insured. In the event of the death of the main insured, payment will be made to the nominated beneficiary as per the fully completed beneficiary nomination form. In the absence of a fully completed beneficiary nomination form, payment will be made to the estate late.

Please ensure that the account information that you supply is correct. RMA Life will not be held liable for delays or other damages due to incorrect details provided.

The below declaration to be duly completed and signed where the main insured or the beneficiary instructs RMA Life to pay the proceeds of the claim to a third party. All fields are mandatory.

E. RMA Life Funeral Claim Payment Indemnity – Third Party Payment

I, in my capacity as _____ (main insured / beneficiary/ other (please specify) hereby instruct and give consent that RMA Life can pay the Benefit Amount to_____ (name of third party) on the nominated banking account specified below.
By signing this declaration, I acknowledge that the payment of the Benefit Amount as instructed above shall constitute the full and final settlement of the policy benefit payable in accordance with the policy for which this claim relates to.
I hereby fully discharge RMA Life from liability and hold RMA Life harmless from any claims, complaints, lawsuits, demand, liability and/or damage of any kind whatsoever that may arise directly or indirectly in respect of the Benefit Amount paid pursuant to my payment instruction as set out above.

Signed at_____ on the ___day of _____20_____

Client Signature: _____Full Name: _____

Banking Details	
Account holder name	
Account holder ID/Registration number(mandatory)	
Bank name	
Branch	
Branch code	
Account type (cheque, savings, transmission)	
Account number	

F. Privacy Note

Rand Mutual Assurance respects your privacy and the confidentiality of your personal information.

We will treat your personal information with caution, and we have put reasonable security measures in place to protect it. You have the right to request access to any of your personal information that we hold.
We collect and use this personal information to assist us in managing risk, assessing claims, preventing fraud and delivering services to you.

Whilst we may share your personal information with other insurers, industry bodies, credit agencies and service providers we impose the same confidentiality standards that apply to us.

For more information, please read our official Privacy Notice on our website.

G. Claimant Declaration

I declare that the answers and statements I have provided are true to the best of my knowledge. I have not withheld any material facts from RMA Life. I declare that this claim or any supporting claim documentation is found to be fraudulent or misrepresented, or if any material facts have been withheld, RMA Life reserves the rightto proceed with the appropriate action against the claimant and/or any beneficiary or third party.

I authorize RMA Life to make payment as instructed above and I acknowledge that payment by RMA Life of the benefits claimed, shall release RMA Life from all liability in respect of such benefits.

I authorize any medical practitioner, hospital or other person to provide RMA Life with any information that RMA Life may require relating to medical history, injury(ies), employment history and/or any other information which may be necessary for RMA Life's consideration and assessment of the claim.

I have read, understand, and agree to the privacy note in this form which includes the collection and processing of personal information.

I declare that the above information is true and correct.

Name of Main Insured/Claimant	
Signature	

Signed at_____ On this_____ Day of_____ 20

RMA
Caring | Compassionate | Compensation

Statement by Police - Death

How to complete this form

This form should be completed by the investigating officer at the police station where the death or the insured was reported.

Please complete clearly in black ink.

To avoid queries, please ensure this document is completed in full.

Details of Death

This document is required to substantiate a death claim in terms of Policy number

Surname	
Full Names	
Also known as	
Date of Birth	
Date of death	
Place of death	
Magisterial district	

Details of the person who identified the deceased:

Surname	
Full Name	
Contact Details	
Exact date the deceased was identified	
Name of the police station where the death was reported	
Case reference number	

Was the deceased involved in a Motor vehicle accident? YES NO

Caring | Compassionate | Compensation

Was the deceased the Driver ☐ Pedestrian ☐ Passenger ☐

If the deceased was the driver, did her/she have a valid driver's licence? YES ☐ NO ☐

Please include a full copy of the road traffic accident report

Was a blood alcohol test done? YES ☐ NO ☐

If yes, please include the results

Was a postmortem carried out? YES ☐ NO ☐

If yes, please include a copy.

Body number

Is suicide suspected? YES ☐ NO ☐

Was the deceased right or left-handed? Right ☐ Left ☐

Were there any witnesses to the accident/death? If so, please provide names and contact details

Has an inquest been held? YES ☐ NO ☐

Date of Inquest Date

Inquest No and Reference

Name of court

Have any sentence been passed? YES ☐ NO ☐

Please state what sentence has been passed?

Date of trail Date

Reference Number

Full names and Surname as well as contact details of the person/s that was charged

If not held, are inquest proceedings still to be instituted? YES ☐ NO ☐

Are the circumstances of the death unusual or under suspicion YES ☐ NO ☐

If yes, why?

Caring | Compassionate | Compassion

Please provide a short description of the circumstances of death

Signed at (town or city) on (date)

Full name and rank of investigating officer

Signature

Office telephone number

Cellphone number

Once completed, please send this form to RMA Life

By e-mail funeralclaims@randmutual.co.za
By fax 010 214 3363
For all Claims, related queries call 0860 102 532

Official Stamp