FUNERAL CLAIM FORM

How to complete this form

1. Mark selections with an X and sign and date any changes made.
2. Please see attached Annexure A for the required supporting documents.
3. Completed claim forms together with supporting documents can be email to **ssgfuneral@salteb.co.za**

Section 1. Policyholder Details

Policy Number	
Surname	
First Name(s)	
ID Number	
Date of Birth	Y Y Y Y M M D D Sex F M Title
Maiden Name	
Telephone Number	
Cellphone	
Email Address	

Residential address

Suite/ unit number	Complex Name
Street Number	Street Name
Suburb	City
Region	Postal Code

Section 2. Details of Deceased

Relationship to Policyholder	
Surname	
First Name(s)	
ID Number	
Date of Birth	Y Y Y Y M M D D Sex F M Title
Date of Death	Y Y Y Y M M D D Place of Death
For an unnatural death, the police station where the death was reported	
Time of Death	H H : M M AM PM
Cause of Death	

Section 3. Funeral Parlour Details

Funeral Parlour Name	
Funeral Parlour Number	
Contact Person	
Business Address	
Telephone Number	
Date of Funeral	Y Y Y Y M M D D

Section 4. Details of Doctor who certified the death

Name and Surname	
Practice Number	
Telephone Number	

Section 5. Banking Details

Payment of the Funeral benefit – We instruct Triarc to pay the Funeral benefit by Electronic Funds Transfer (EFT) as detailed here:

1. To ensure fast payment and for your protection, payment will only be made by Electronic Funds Transfer
2. Payment will only be made to the Policyholder or Nominated Beneficiary
3. We will require proof of the account (cancelled cheque or bank statement with account number and name of accountholder)

Please ensure the account information is correct. Triarc will not be held responsible for delays or other damages because of incorrect details being provided. If payment is needed to more than one recipient, please supply separate banking details. No payment can be made to a Non-South African Bank.
Please provide copy of bank details not older than 3 months.

Account holder Name			
Bank Name			
Branch Name		Branch Code	
Account Number			
Account Type	☐ Cheque	☐ Transmission	☐ Savings

Section 6. Declaration by Claimant

I declare my answers and statements are true and correct and I have not omitted or withheld any material fact from Triarc.

I understand and accept that it may be necessary for Triarc to disclose the benefit payment details to the policyholder, beneficiaries and/or their respective agents.

Triarc is authorised to make payment as instructed and I acknowledge that payment, by Triarc of the benefits claimed, will release Triarc and Guardrisk Life Limited from all liability for such benefits.

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.

Section 6. Declaration by Claimant (continued)

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

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. 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
4. 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.

Name and Surname			
Signed at			
Signature of Claimant		Date	Y Y Y Y M M D D

Annexure A – Supporting Documents

The following supporting documentation must be submitted:

Death of Policyholder	
Copy of Death Certificate	
Copy of Policyholder's ID or back and front copies of the ID card	
Copy of DHA1663 Notice of Death Form	

Death of Spouse	
Copy of Death Certificate	
Copy of Policyholder's ID or back and front copies of the ID card	
Copy of deceased's ID or back and front copies of the ID card	
Copy of DHA1663 Notice of Death Form	
Copy of marriage certificate or proof of customary union or marriage	

Death of Child	
Copy of Death Certificate	
Copy of Policyholder's ID or back and front copies of the ID card	
Copy of deceased's ID or back and front copies of the ID card or birth certificate	
Copy of DHA1663 Notice of Death Form	
If the surname of a child is different to that of the Policyholder, an affidavit is required from one of the parents as proof of relationship.	
If Stillbirth, a Doctor's note or DHA 1663 confirming gestation at date of death.	
Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.	
Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)	

Death of Parents and Parents-In-Law	
Copy of Death Certificate	
Copy of Policyholder's ID or back and front copies of the ID card	
Copy of deceased's ID or back and front copies of the ID card	
Copy of DHA1663 Notice of Death Form	
Copy of marriage certificate or proof of customary union or marriage if benefit is claimed for Parents-In-Law	

Death of Extended Family Member	
Copy of Death Certificate	
Copy of Policyholder's ID or back and front copies of the ID card	
Copy of deceased's ID or back and front copies of the ID card	
Copy of DHA1663 Notice of Death Form	
Proof of Relationship	

Additional Documents for Foreign Nationals	
For Foreign national, a certified copy of the late policyholder passport and death certificate. BI-20+ DHA 1663 forms. An English translation of document submitted in another language	

Additional Documents for Unnatural Death	
Fully completed SAPS statement (TRF001)	
Copy of Accident Report	

TRF001

Strictly confidential

Statement by Police Service official to whom death was reported

Details of Deceased

Policy Number	
Name and Surname	
ID Number	
Date of Birth	Y Y Y Y M M D D
Date of Death	Y Y Y Y M M D D
Case reference Number	

Details of the Death

Was the deceased involved in a motor vehicle/motorcycle accident? Yes ☐ No ☐

If yes, was the deceased: the driver ☐ a passenger ☐ a pedestrian ☐

Was the deceased involved in an assault? Yes ☐ No ☐

Was the deceased involved in a shooting accident? Yes ☐ No ☐

Did the deceased take his/her own life intentionally or did a shooting accident occur?

Is anyone being held responsible for the accident??

Has any person been prosecuted or are they to be prosecuted? Yes ☐ No ☐

What was/is the charge?	
Relationship between accused and deceased?	
The date of the Trial:	Y Y Y Y M M D D
Number and reference of the trail:	
If sentence has been passed, what was the verdict?	

Give a brief description of the circumstances that resulted in the death.

Particulars of Investigating Officer

Name and Surname	
Telephone Number	
Cell Phone Number	

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Particulars of Investigating Officer (continued)

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

1. to enable Us to fulfil our obligations in terms of this Claim;
2. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
3. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

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

1. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime; and
2. Regulatory authorities, industry ombudsmen, and other persons that we, in accordance with the Applicable Laws, are required to share such Personal Information with.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. 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.

Date	Y Y Y Y M M D D
Signature	
Place	
	Official stamp of Police Service (Compulsory)