

1. POLICYHOLDER DETAILS

Full Name (as per ID)		Date of Birth (DD / MM / YYYY)	
SA ID / Passport Number	Policy Number	Cellphone Number	
Email Address	Citizenship	Marital Status	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Street Address		Suburb	
City	Province	Postal Code	Age

2. DECEASED DETAILS

Full Name	ID / Passport Number	Age at Death
Date of Birth (DD/MM/YYYY)	Date of Death (DD/MM/YYYY)	Place of Death
Relationship to Policyholder <input type="checkbox"/> Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Parent (Insured/Spouse) <input type="checkbox"/> Child <input type="checkbox"/> Extended Family		
Cause of Death <input type="checkbox"/> Natural <input type="checkbox"/> Unnatural / Accidental		
Details / Description of Cause of Death:		

3. CLAIMANT / BENEFICIARY DETAILS

Full Name (as per ID)	Date of Birth (DD / MM / YYYY)	
SA ID / Passport Number	Age	Cellphone Number
Relationship to Deceased / Insured	Email Address	Alternative Contact Number

4. BANKING DETAILS (For Claim Payment)

Account Holder Name	Bank Name	
Account Number	Branch Code	Attach stamped bank statement not older than 3 months
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission		

5. FUNERAL PARLOUR / UNDERTAKER DETAILS

Funeral Parlour / Undertaker Name	Contact Number
Funeral Parlour Registration Number	Email Address

6. DECLARATION & CONSENT

I declare that all statements in this claim form are true and complete to the best of my knowledge.

I understand that misrepresentation or omission of material facts may result in denial of this claim.

I authorise 1Life and its administrator to verify all information, obtain medical records, and process my personal data under POPIA.

SUPPORTING DOCUMENTS – Please tick all documents attached

<input type="checkbox"/> Certified copy of ID / Passport of Policyholder	<input type="checkbox"/> Certified copy of Death Certificate
<input type="checkbox"/> Certified ID of person lodging the claim	<input type="checkbox"/> BI1663 form (obtainable from Dept. of Home Affairs)
<input type="checkbox"/> Accident / police report (if unnatural death)	<input type="checkbox"/> Certificate of marriage (if spouse claim)
<input type="checkbox"/> Birth certificate (if child / parent claim)	<input type="checkbox"/> Stamped bank statement — not older than 3 months

7. SIGNATURES

CLAIMANT / POLICYHOLDER SIGNATURE	DATE (DD / MM / YYYY)	AGENT / INTERMEDIARY SIGNATURE
Sales Agent / Intermediary Name	Agent FSP Number	Agent Date (DD / MM / YYYY)

CLAIM REQUIREMENTS (AS PER POLICY WORDING)

DEATH BENEFIT:

- Official death claim form.
- Certified original Death Certificate.
- Certified ID of Policyholder.
- Accident/police report (unnatural death).
- Fully completed BI1663 form (Dept. of Home Affairs).
- Any additional proof as required by 1Life.
- Stamped bank statement — not older than 3 months.

ADDITIONAL REQUIREMENTS:

- Certified ID of person lodging the claim (beneficiary).
- Certificate to prove legal or customary marriage (spouse).
- Birth/adoption certificate or proof of financial dependence (children).
- Birth certificate of insured or spouse (parent claims).
- Stillborn: mother's ID + unabridged death certificate from hospital.
- Unnatural death: SAPS police report or accident report.
- Refer to Policy Schedule for full terms and exclusions.