

FUNERAL BENEFIT CLAIM FORM

Hollard Group Risk extends our heartfelt condolences on the loss of the insured.

It is essential that this form is fully completed to prevent any unnecessary delays due to missing or incomplete information. This form should be completed by the policyholder / authorised employer representative.

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton 2041.
Tel: (011) 351 5000. Email: HGRdeathclaims@hollard.co.za

The request for completion of this form in no way constitutes admission of liability by Hollard Group Risk.

REQUIRED DOCUMENTS

The fully completed form should be accompanied by the documentation listed below. Please indicate whether the relevant documents are attached.

- a copy of the employee's identity document (copy of ID Book / front and back of Smart ID Card).
- a copy of the deceased's death certificate.
- a copy of the completed DHA-1663.
- a copy of the most recent signed beneficiary nomination form on record.
- a copy of the deceased's identity document (copy of ID Book / front and back of Smart ID Card).
- a copy of the employee's last payslip.
- proof of banking details (bank statement not older than 3 months or account confirmation letter from bank).
- a copy of the beneficiary's identity document (copy of ID Book / front and back of Smart ID Card).
- a report form from the South African Police Service in the event of an accident or unnatural death.
- a copy of proof of the relationship of the deceased to the main member (marriage certificate, birth certificate or affidavit).

Hollard Group Risk reserves the right to request additional information if necessary.

SECTION A: POLICY DETAILS

Employer/ Policyholder:

Policy number:

Membership / Employee number:

Has the deceased been absent from *Southern Africa?

Yes

No

*Southern African: Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Zambia

If "Yes" please provide details, including period absent from Southern Africa:

SECTION E: CLAIM DETAILS

Date of death:

Cause of death:

Was the death as a result from an accident?

Yes

No

If death is a result of an accident please ensure a Police Report is attached to this claim application.

SECTION F: BANKING DETAILS

Payment will be made to the nominated beneficiary/ies as per the Nomination of Beneficiary form.

Primary beneficiary name:

Identity number:

Benefit percentage: % Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

Backup beneficiary name:

Identity number:

Benefit percentage: % Relationship to deceased:

Contact number:

Physical address:

Code:

Name of bank:

Branch:

Code:

Account type:

Account number:

SECTION G: PRIVACY STATEMENT


We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these parties as is applied by us. By providing the required personal information and signing this form, you consent to us processing and sharing your personal information with third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared for marketing additional products and/or services.

SECTION H: DECLARATION AND CONSENT

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Group Risk. If this claim or any supporting claim documentation is found to be fraudulent, Hollard Group Risk reserves the right to proceed with the appropriate action against the claimant.

I authorise Hollard Group Risk to make payment as instructed above and I acknowledge that payment of the benefits claimed, shall release Hollard Group Risk from all liability in respect of such benefits. I consent to any medical practitioner, hospital or other third party to provide Hollard Group Risk with any information they may require relating to the deceased (e.g. medical information, accident and police reports etc.), which may be necessary for assessment of the claim.

I confirm that the nomination of beneficiary form provided to Hollard Group Risk is the last / most recently completed one in the member's personal file.



Company Authority signature



Date

Hollard is committed to “Creating and securing a better future” and therefore subscribes to an internal Anti-Fraud policy. Please report any suspicious or unethical activity anonymously on 0801 516 170 (toll free) or via email at Hollard@tip-offs.com.