NACBFSA
CLAIM FORM

Claims & Enquiries: 0860 555 992 Email: nacbf@fmscenta.co.za

ALL CLAIMS ARE SUBJECT TO THE INSURER VERIFYING AND APPROVING, AT ITS SOLE DISCRETION, THE SUBMISSION MADE HEREIN BY THE CLAIMANT

A. DETAILS OF THE MAIN MEMBER

Surname | First Name/s

ID Number | Member No.

B. DETAILS OF THE DECEASED

Surname | First Name/s

ID Number | Date of Birth (D D M M Y Y Y Y)

Cause of Death ☐ Natural ☐ Unnatural ☐ Suicide | Date of Death (D D M M Y Y Y Y)

C. INDICATE TYPE OF CLAIM AND CLAIM AMOUNT

		BENEFIT AMOUNT	Tick Appropriate
Main Member		R 20 000	☐
Spouse		R 20 000	☐
Child	14 – 20 / 25 years	R 20 000	☐
Child	06 – 13 years	R 15 000	☐
Child	00 – 05 years	R 5 000	☐
Stillborn	pregnancy from 28 weeks onwards	R 5 000	☐

D. DETAILS OF THE BENEFICIARY

Surname | First Name/s

ID Number | Relationship to Main Member

Cell # for Grocery Voucher | Email

E. TO BE COMPLETED IF THE BENEFICIARY AUTHORISES THE PAYMENT OF THE CLAIM TO A 3RD PARTY

I, the beneficiary as detailed in Section D, hereby appoint the 3rd party detailed in Section E as the new beneficiary to receive the full benefit due in respect of the claim lodged above. I also hereby indemnify Clientèle Life Assurance Company Limited ("Clientèle Life") against any / all claim by any party for any benefit or money, loss of damages incurred or suffered, in respect of, or caused by any representation made by me to Clientèle Life and / or the payment by Clientèle Life to the below mentioned beneficiary of any claim in respect of the claim lodged.

3rd Party Name *(e.g. Funeral Parlour)*

Signature of Beneficiary ** giving authorisation to the new 3rd party

F. DECLARATION TO BE COMPLETED BY THE RECTOR

I hereby declare and affirm that all information reflected on this claim form is true and correct.

Name & Surname | Congregation

Signature

Contact Number | Date (D D M M Y Y Y Y)

** ***No electronic signatures permitted – you must have an actual signature on this form.***

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G. BANKING DETAILS OF THE BENEFICIARY / 3RD PARTY TO RECEIVE THE BENEFIT

Accountholder Name | Bank

Account No. | Branch Code

Type of Account ☐ Cheque ☐ Savings ☐ Other, please stipulate

H. DOCUMENTS TO BE SUBMITTED

- ☐ Certified copy of **Death Certificate**
- ☐ If a handwritten abridged death certificate is submitted, this must be accompanied by a **letter from the Department of Home Affairs** with the reason why a handwritten abridged death certificate was produced
- ☐ **Notification of Death / Stillbirth** form (DHA 1663/ B1663)
- ☐ **Police Report** for unnatural / accidental death
- ☐ Certified copy of **Main Member's Identity Document**
- ☐ Certified copy of **Nominated Beneficiary's Identity Document**, if the **main member** is deceased
- ☐ Certified copy of **Identity Document / Unabridged Birth Certificate**, if deceased is a **Child**
- ☐ Certified copy of **Marriage Certificate**, if deceased is a **Spouse**
- ☐ **Membership Statement / Certificate of Membership**
- ☐ **Stamped Bank Issued Statement / Letter** not older than 3 months to verify Beneficiary's bank details

** Subject to any other information requested by Clientèle Life from time to time.*

I. PROTECTION OF PERSONAL INFORMATION DECLARATION TO BE COMPLETED BY THE BENEFICIARY

Clientèle Life understands that your personal information is important to you, therefore your privacy is just as important to Clientèle Life, and we are committed to safeguard and process your information in a lawful manner.

By affixing your signature below, you agree and consent to the following:

- I consent to the processing of my personal information, including the sharing of information for purposes of implementing and maintaining this policy and such other services which may include verifying my identity, processing and paying for future claims and using my personal information in risk models and personal profiles to enhance the overall risk management by the Insurer.
- I acknowledge that I have certain rights, such as objecting to the collection of my personal information and lodging a complaint in this regard. *(Further information may be obtained on the Insurer's website or the disclosure document which will be provided to the policyholder.)*

Beneficiary Name & Surname

Signature of Beneficiary **

Date D D M M Y Y Y Y

J. TO BE COMPLETED IN THE EVENT OF THE POLICY BEING TRANSFERRED

Policy transferred From Member No. To Member No.

Surname First Name/s

ID Number Date of Birth D D M M Y Y Y Y

Gender ☐ Male ☐ Female Marital Status Relationship to Deceased

Nominated Beneficiary Details

Surname First Name/s

ID Number Relationship

** ***No electronic signatures permitted – you must have an actual signature on this form.***