

FUNERAL CLAIM FORM



Funeral Department
Attention: Lisbeth Mnisi

funeral@barko.co.za

Policyholder/Beneficiary/Claimant Information

Full names and Surname		Identity Number	
Home Address		Work Address	
Cellphone Number		Telephone Number (work)	
Alternative Contact Number		E-Mail Address	
If Claimant, what is your relationship to the deceased		Policy Number	

Deceased Information

Indicate if the deceased is a Main Member of a Family Member by making a (x):

Main Member	<input type="checkbox"/>
Family Member	<input type="checkbox"/>

Full names and Surname		Identity Number	
Date of Death		Cause of Death	
Cellphone Number		Telephone Number (work)	
Alternative Contact Number		E-Mail Address	

Main Member

Upon the death of the Main Member, submit the following documentation:

- The claim form must be completed and signed.
- Copy of the Policyholder's ID.
- Copy of the Main Member's ID if the Main Member is not the same person as the Policyholder.
- Copy of the ID of the Beneficiary/Claimant if the Main Member is not the same person as the Policyholder.
- Death Certificate.
- Copy of the DHA 1663 – Notice of Death Form.
- A police report completed by the investigation officer where the death is as a result of a motor vehicle accident, suicide, murder, or where the death is under investigation.
- Copy of the latest Bank Statement of the Policyholder/Beneficiary/Claimant.
- Proof of Residence of the Policyholder/Beneficiary/Claimant not older than 3 (three) months.

Family Member(s)

Upon the death of any of the Family Member (s), the Policyholder submit the following documentation:

- The claim form completed and signed.
- Copy of the Policyholder's ID.
- Copy of the latest Bank Statement from the Policyholder.
- Copy of the deceased Family Member (s) ID or, in the event of the deceased being under the age of 16 (sixteen) years, a copy of the deceased Family Member (s) birth certificate.
- Death Certificate.
- Copy of the DHA 1663 – Notice of Death Form.
- A police report completed by the investigation officer where the death is as a result of a motor vehicle accident, suicide, murder, or where the death is under investigation.
- Proof of Residence of the Policyholder not older than 3 (three) months.

Stillborn

Upon the death of any Stillborn, the Policyholder must submit the following documentation:

- The claim form completed and signed.
- Copy of the Policyholder's ID.
- Copy of the latest Bank Statement from the Policyholder.
- Death Certificate.
- Registered medical practitioners report confirming that the foetus was at least in existence for 26 (twenty-six) weeks of intrauterine existence and that the child was "Stillborn".
- Proof of Residence of the Policyholder not older than 3 (three) months.

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 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.

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 Legislation.
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 Legislation 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 processing 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 you, 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.

Policyholder/Beneficiary/Claimant Signature

Date