

## MABHUQA SOGODI FUNERAL CLAIM FORM

To claim, please complete this form and send it back to us by email, or hand it in at your nearest Mabhuqa Sogodi Client Services Branch as follows:

**Email:** [sibusisokhanyile59@gmail.com](mailto:sibusisokhanyile59@gmail.com)

**Email:**

**Head Office Address:** 500 Jan Bantjies Road Montana Pretoria 0182

**Branch Office Address:** Lungelani Primary School P O Box 748 Nkandla 3855

Attach the following **minimum** documents to the completed claim form:

1. Proof of identity of the policyholder or claimant (copy of ID or copy of birth certificate/unabridged Certificate or copy of passport)
2. Proof of identity of the deceased (copy of ID or copy of birth certificate / unabridged certificate or copy of passport);
3. Proof of banking details.
4. Copy of death certificate of the deceased;
5. Fully completed police report if the cause of death is unnatural; accidental; or suicide; and 6. Copy of BI-1663 or DHA-1663 or BI-1680.

**\*Kindly note that additional documents may be required dependent on the type and merits of the claim. Please refer to Annexure A or contact us for further assistance**

Administrator/Intermediary \_\_\_\_\_ Name \_\_\_\_\_

Scheme Name \_\_\_\_\_

Scheme Number \_\_\_\_\_

A. Details	of	Policy	Holder	/Claimant
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Policy Number				
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Full	Names	&	Surname
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ID/	Passport	number	Date of Birth
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Relationship	to	the	deceased
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Contact number \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Physical \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal  
Code \_\_\_\_\_

**B. Details of Deceased**

Full Names & Surname

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

**c. Bank Account Details to Which Policy Benefits Must Be Paid**

Name of account holder

\_\_\_\_\_

ID Number \_\_\_\_\_

Bank name \_\_\_\_\_

Branch name \_\_\_\_\_

Account number \_\_\_\_\_

Branch code \_\_\_\_\_

Account type  Savings  Cheque  Transmission

**NB PLEASE ATTACH CONFIRMATION OF ACCOUNT AND BANK STATEMENT**

\_\_\_\_\_

YYYY/MM/DD

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

**D. Declaration By Claimant**

I hereby indemnify Mabhuqa Sogodi against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Mabhuqa Sogodi and/or the payment by Mabhuqa Sogodi to the above-named beneficiary of any claim in respect of the deceased's death. I further confirm that I am the authorized person to claim any policy benefits due under the above-mentioned policy. FICA Validation:

The validity of this claim is subject to the fulfilment of party due diligence obligations of Mabhuqa Sogodi Insurance Company Limited under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable

\_\_\_\_\_ Y Y Y Y / M M / D  
D  
Signature Of Claimant Date

Your policy is underwritten by Mabhuqa Sogodi Insurance Company Limited, a licensed insurer conducting life insurance business and authorized Financial Services Provider, FSP number 000000 • www.Mabhuqasogodi.co.za is authorized to sell the following products: **Long-term Insurance: Subcategory A, 81, 82** • Mabhuqa Sogodi holds professional indemnity and fidelity insurance cover.

**OPS2205\_0000Mabhuqa Sogodi Funeral Claim Form**