

CLAIM NOTIFICATION FORM

Policyholder: _____

Policy No: _____ Member Group No: _____

Scheme No: _____

Principal Member Name: _____

Principal Member was actively employed at the date the death occurred ☐ Yes ☐ No

Name of Deceased: _____

Date of Death: _____

Relationship to Principal Member: _____

Age at death: _____

Documentation attached to substantiate the claim:

1. **Proof of Death** - original or certified copy attached:
2. Certified copy of Principal Member's Identification Document for Swazi citizens
4. Certified copy of Principal Member's Passport for foreign nationals
5. Certified copy of deceased's Identity Document for Swazi citizens
6. Certified copy of deceased's Passport for foreign nationals
7. Copy of Principal Member's most recent payslip/schedule for the month in which the death occurred (Employer Plans only)
8. Copy of the beneficiary's bank statement reflecting bank name, account number and account holder's details
9. Applicable supporting documents. (refer reverse)
10. Eligible dependants of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund are:

Relationship	Name and Surname	ID Number	Date of Birth
Spouse			
Children	1.		
	2.		
	3.		

	4.		
	5.		

11. If a claim in respect of a Paid-up Benefit - Paid-up Certificate No: _____

The settlement details of claim:

Cheque: Payable to: _____

Relationship to Deceased: _____

Cheque will be collected by: _____

EFT: Bank Account Holder: _____

Bank Name: _____ Branch Name: _____

Bank Account No: _____ Branch Code: _____

It is important that the Beneficiary presents their original Identity Document (if a Swazi citizen) or Passport (if a foreign national) when collecting a cheque from Safrican offices. Temporary Drivers' Licence Cards will not be accepted.

COMPANY STAMP

Signature of Policyholder / Claimant: _____ Date: _____

Name of Policyholder / Claimant: _____

Designation: _____

Telephone: () _____ Fax: () _____

Safrican Swaziland Insurance Company Limited
Reg No. R7/33662
An authorised Financial Services Provider
License No. LT/07/2011

DOCUMENTATION TO BE SUBMITTED WITH THE CLAIM NOTIFICATION FORM

1. **Proof of Death:**

- Death Certificate

Documentation submitted, other than those requested, will not be accepted. Only Proof of Death stamped with the Official Home Affairs stamp, with the number in black, will be accepted.

Driving Licence Cards are not acceptable as proofs of identity.

Certified Documents:

Name, signature, organisation, date, address and telephone details to be clearly indicated on documents certified by a Commissioner of Oaths.

2. Certified copy of Principal Member's Identification Document for Swazi citizens
3. Certified copy of Principal Member's Passport for foreign nationals
4. Certified copy of deceased's Identity Document for Swazi citizens
5. Certified copy of deceased's Passport for foreign nationals
6. Copy of Principal Member's most recent payslip (for the pay period immediately prior to death or month in which the death occurred (Employer Plans only).
7. Copy of Principal Member's application form.
8. Copy of the beneficiaries bank statement reflecting Bank name, account number and account holder's details

9. **Supporting documents in respect of:**

- If the child has attained age 22 (twenty two) years but has not yet attained age 26 (twenty six) and is a full-time student, the following must be submitted:
- Confirmation satisfactory to Safrican (last academic report from a recognised educational institution), to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.
- Children who are mentally retarded or totally and permanently disabled (as determined by Safrican), before age 22 years, who are unable to care for themselves, any **one** of the following must be submitted:
 - Confirmation satisfactory to Safrican of a State Disability Grant
 - Medical Aid application of Principal Member
 - Medical Report
- An illegitimate / adopted child: proof of such illegitimacy or adoption must be attached.
- Where the surname of deceased (spouse or child) is different to that of the Principal Member, kindly provide an explanation for the difference in surname and submit supporting documents. Affidavits are not accepted for children over 1 (one) year old.
- In respect of the surname difference of a spouse, any 2 (two) of the following:

- Marriage Certificate
 - Letter from Tribal Chief, signed and stamped.
 - Company Beneficiary Nomination Form. The document must have been completed at least six months prior to death (Employer Plans only).
 - Letter providing customary and/or common law marriage from the Ministry of Home Affairs (not an affidavit).
 - Medical Aid card reflecting dependants' details.
 - Any legal policy document where the spouse has been nominated at least 6 (six) months prior to death.
- In respect of the difference of surname of a child - any 2 (two) of the following:
 - Birth Certificate reflecting both parent details
 - Adoption papers
 - Marriage Certificate and Birth Registration in respect of Stepchildren
 - Medical Aid Membership card reflecting the Eligible Child's details
10. **Retrenchment (if applicable):**
On retrenchment, the Principal Member will be issued with a Retrenchment Certificate indicating period of cover. This certificate must be submitted when a claim is lodged.
11. **Accidental Death Benefit:**
In respect of an Accidental Death Claim, together with the documentation as required for the category of a Principal Member, Spouse, Child and/or other dependant, a medical report from a medical specialist and/or a police report must be submitted, clearly indicating how, where and when the bodily injury was sustained.
12. A police report is compulsory for all the unnatural deaths.
13. The Beneficiary of a claim collecting a benefit cheque must produce Identification.

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess the claim.