



ECONO GROUP

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Death claim

Policy information

CLAIM NOTIFICATION FORM

POLICY HOLDER DETAILS

DECEASED

POLICYHOLDER	
MEMBER GROUP NUMBER	
SCHEME NUMBER	
PRINCIPAL MEMBER NAME	

Name of the deceased: _____

ID no. of the deceased: _____

Date of death: _____ Age at death: _____

Relationship of Deceased to the Principal member: _____

SETTLEMENT OF BENEFIT

Electronic Funds Transfer

		Electronic Funds Transfer	
Payable to:		Bank Account Holder:	
Relationship to deceased		Bank Name:	
Branch Name:		Account Type:	
		Bank Account Number:	
		Branch Code:	

ADDRESSES FOR SENDING ALL CLAIM CORRESPONDENCE COMPANY STAMP

Postal Address: _____

_____ Code _____

Fax: () _____ E-mail: _____

Tel: () _____ Date: _____



Name and Signature of the Policyholder/ Claimant:

CLAIMS STAGE AUTHORITY IN RESPECT OF THIRD PARTY (WHERE APPLICABLE)

Date: _____

Policy Number: _____

Principal Member Name: _____

ID number: _____

I, _____, with ID number
_____ hereby confirm that I am the policyholder
and / or a family of the deceased _____
with ID number _____, and he/she is
my _____
(relation).

I hereby direct Safrican Insurance Company to pay the benefit in the amount of R _____
(amount in words) _____
from this funeral policy to _____
in order that the funeral arrangements can proceed. I also confirm that I am duly authorised
to sign this authority.

I further indemnify Safrican 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
Safrican and/or the payment by Safrican to the above named person of the above mentioned
amount or part thereof in respect of the applicable policy benefit.

Signature

Contact details of person giving the authority:

Tel (H): _____ Tel (W): _____

Cell: _____
