

Funeral claim form

Please complete this form and email it to dhusselmann@bonsano.co.za or fax it to 021 945 4397.

Policy details

BrightRock policy number	<input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="2"/>
Intermediary	<input type="text" value="Bon Sano Funeral Policy"/>
Contact person first name	<input type="text" value="Doug"/>
Contact person surname	<input type="text" value="Husselmann"/>
Contact number	<input type="text" value="+27 21 945 4363"/>

Claim details

BrightRock member number	<input type="text"/>
Deceased first name(s)	<input type="text"/>
Deceased surname	<input type="text"/>
Deceased national identification number	<input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>
Expiry date, if you've provided a passport number	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Relationship to life insured (if not the life insured)	<input type="text"/>
Marital status	<input type="text"/>
Claim date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Claim amount	<input type="text"/>

Beneficiary details

Relationship to the deceased	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
National identification number	<input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>
Expiry date, if you've provided a passport number	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Sex	<input type="radio"/> Male <input type="radio"/> Female
Cell phone	<input type="text"/>
Work number	<input type="text"/>
Email	<input type="text"/>



Payment details

Account-holder first name(s)	<input type="text"/>
Account-holder surname	<input type="text"/>
Account name	<input type="text"/>
Name of bank	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account type	<input type="radio"/> Cheque or current <input type="radio"/> Savings <input type="radio"/> Transmission

Your declaration

You hereby claim the benefits of the funeral cover above and declare the following:

1. The answers you've given and statements you've made are true and correct, and that you haven't withheld any material information from BrightRock.
2. You agree that the written statements and affidavits submitted in support of this claim are part of the claim.
3. You agree that this claim to BrightRock will be invalid if BrightRock doesn't have a valid funeral contract with the life insured.
4. Should a claim be rejected on the grounds of fraud, BrightRock has the right to cancel the policy. Should BrightRock cancel the policy due to fraud, we won't be able to pay any cover, and won't refund any premiums. If there is fraud, you won't be able to obtain cover on any of BrightRock's products and we'll reject any application that you make to BrightRock.
5. We may investigate any claim we receive. The investigation will dictate the time frame in which we'll make a decision on the claim.
6. You acknowledge that once BrightRock has paid the claim, we'll have no further liability in respect to this claim.
7. You acknowledge that BrightRock can access your records from the credit bureau for verification and tracing information for assessing this claim.
8. You consent to the exchange of information, including medical information, between BrightRock (and its representatives) and any medical practitioner or any other life office or party.

Please confirm that you read and understand the disclosures above. Yes No

First name(s)

Surname

National identification number

Signed at on this day of 20

Your signature

Required documentation checklist

On the death of the member:

An original or a certified copy of the death notification – DHA 1663 and/or DHA 1680 (death certification by chief)

A certified copy of the member's national identity document

For foreign nationals, a certified copy of the member's passport and death certificate BI-20

An English translation of the document, if submitted in another language (by an official translator such as an official from the relevant embassy or accredited by the SA Translators Institute)

Certified copies of the national identity documents or birth certificates of each eligible child, spouse and beneficiary

The member's most recent beneficiary nomination form

Proof of bank account for each beneficiary: account statements on bank headers (stamped by the bank)

On the death of a member's spouse:

A certified copy of the spouse's death certificate

A certified copy of the member's national identity document

A certified copy of the deceased's national identity document

A certified copy of the member and their deceased spouse's marriage certificate. If a marriage certificate is not available, proof that a permanent life partnership existed – for example, an affidavit

On the death of a member's child:

A certified copy of the child's death certificate

A certified copy of the member's national identity document

A certified copy of the child's national identity document or birth certificate

If the surname of a child is different to that of the member, an affidavit from one of the parents as proof of relationship

If it's a stillbirth, a doctor's note confirming the gestation period at the date of death

For a child in full-time study (if applicable per policy), proof of registration as a student in the year of death

For a disabled child (mentally or physically), medical proof the child had a mental or physical disability

On the death of a member's parent or extended family member:

A certified copy of the parent's death certificate

A certified copy of the member's national identity document

A certified copy of the parent's national identity document

A certified copy of a marriage certificate. If a marriage certificate is not available, proof that a permanent life partnership existed (for the death of a parent-in-law)

Declaration and signature

You understand that we will at all times comply with industry regulations in the way we receive, store and share your information. We won't share or use any personal information collected from this form for any other purpose other than to process the claim request and administer your policy.

Claimant

Signed at on this day of 20

Name of claimant

Signature of claimant

Beneficiary

Signed at on this day of 20

Name of beneficiary

Signature of beneficiary