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2193



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T 0860 64 54 33  
E claims@go.miwaylife.co.za

## Funeral Claim Form

**To claim, please complete this form and email it back to us at [claims@go.miwaylife.co.za](mailto:claims@go.miwaylife.co.za). Or you can call our Servicing Department on 0860 64 54 33.**

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

1. Fully completed Funeral Claim Form
2. Certified copy of the death certificate of the deceased (BI5)
3. Certified copy of ID of the deceased
4. Certified copy of ID of the claimant (certified copy of ID or certified copy of birth certificate)
5. Bank statement stamped by the bank.
6. Certified copy of the DHA 1663 or BI 1663

Full Name Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### 1. Details of Deceased

- a. Full first name(s) and Surname: \_\_\_\_\_
- b. ID Number: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_
- d. Marital status (Single / Married / Divorced / Widowed / Permanent Life Partner): \_\_\_\_\_
- e. Last known Residential Address: \_\_\_\_\_
- f. Telephone Number (Home, Work and/or Cell): \_\_\_\_\_
- g. Name of Employer prior to death: \_\_\_\_\_

### 2. Details of Death

- a. Cause of Death (Natural / Accident / Suicide): \_\_\_\_\_
- b. Please provide more details as to the cause of death: \_\_\_\_\_  
\_\_\_\_\_
- c. Hospital / Place of death, Address, and Telephone number: \_\_\_\_\_  
\_\_\_\_\_
- d. Date of Funeral: \_\_\_\_\_
- e. Place / Cemetery of burial: \_\_\_\_\_
- f. Name of Funeral Parlour, Address, and telephone number: \_\_\_\_\_

### 3. Details of Claimant

- a. Full First Name(s) and Surname: \_\_\_\_\_
- b. ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- c. Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_
- d. Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_
- e. Employer Name and Work Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_
- f. Relationship to the deceased, e.g., Spouse/Father/Son/Permanent Life Partner/etc.: \_\_\_\_\_

### 4. Other Information (if applicable)

- a. Name of Headman / Tribal Chief: \_\_\_\_\_
- b. Address and Telephone Number of Headman / Tribal Chief: \_\_\_\_\_  
\_\_\_\_\_
- c. If the deceased was a child, Name, Address, Telephone number and Name of School and Principal:  
\_\_\_\_\_

### 5. Declaration by Claimant

Policy Number \_\_\_\_\_

#### Declaration

I/we declare that to the best of my/our knowledge, all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

#### Authorization

I/we hereby authorize MiwayLife or any of its representatives to obtain any information regarding this policy from any doctor, insurer, or elsewhere that may be necessary to investigate this claim. I/we further authorize MiwayLife or any of its representatives to release my information regarding this claim to any other interested parties that it deems necessary in respect of this claim. I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestrated.

Signature of Life Assured \_\_\_\_\_ Date: \_\_\_\_\_

First name(s) and Surname: \_\_\_\_\_

## 6. Payment Details

a. I request the cheque be made payable to: \_\_\_\_\_

b. Affiliation with the claimant: \_\_\_\_\_

c. I request that payment be made into the following bank account:

Name of Account Holder: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account type (Current / Savings / Transmission): \_\_\_\_\_

ID Number of Account Holder: \_\_\_\_\_

Contact Number of Account Holder: \_\_\_\_\_

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

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at \_\_\_\_\_

Signature of Claimant(s) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

First name(s) and Surname: \_\_\_\_\_

Signature of legal guardian/parent/trustee (if applicable) \_\_\_\_\_

Signature of Commissioner of Oath/Justice of the peace (if applicable) \_\_\_\_\_

**Official Stamp** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## MiWayLife Disclosures

### POPIA

MiWayLife cares about your privacy. To provide you with our service, we and our service providers must process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

### FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.