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## MiWayLife Funeral Claim Form

**This form must be completed by the claimant.**

### A. Policyholder's details

Policy number: \_\_\_\_\_  
Name and surname: \_\_\_\_\_  
Identity number: \_\_\_\_\_

### B. Details of the deceased

Identity number: \_\_\_\_\_  
Name and surname: \_\_\_\_\_  
Relationship to Policyholder: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Cause of death: \_\_\_\_\_  
Place of death: \_\_\_\_\_

### C. Employer details

Employer's name: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Contact number: \_\_\_\_\_

### D. Details of Claimant

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

### E. Banking details of claimant

For security reasons, payment must be made directly into your bank account. No payment will be made in favour of a third party. It may take two additional working days to reflect. MiWayLife does not take responsibility if incorrect banking details are provided.

Bank	
Branch code	
Type of account	
Bank account number	
Name of account holder	

## F. Checklist

Apart from this claim form (fully completed), we need the following documents to assess/ process your claim as speedily as possible. The documents that you have provided will be indicated by ticking the tick box below. You, the claimant, must provide us with any outstanding documents before we can assess your claim and make a decision. **NB: All documentation must be certified by a commissioner of oaths.**

Required documents	Documents attached	
	Yes	No
Certified copy of death certificate (BI5)	Yes	No
Certified copy of the South African ID document of the deceased	Yes	No
Certified copy of the South African ID document of the beneficiary/ claimant	Yes	No
Notice of death (BI1663) or notice of death by Traditional Leader (BI1680).	Yes	No
Copy of the claimant's bank statement	Yes	No
Additional in the event of an unnatural/ accidental death: Completed 'Statement by Police' form	Yes	No
Additional in the event of the death of a child: Full certified copy of birth certificate showing the names of the parents	Yes	No
Additional in the event of Still born benefit: Antenatal Records or Gestation Period Chart	Yes	No
If no beneficiary was nominated, a certified copy of Letter of Executorship or Acceptance Letter	Yes	No
An original, certified copy of the marriage certificate, if the spouse of the deceased is the beneficiary.	Yes	No
Proof of authority to act on his/her behalf, if the claimant does not have legal capacity to act for himself/herself.	Yes	No
Affidavit (If Claimant is not spouse)	Yes	No

**Please check and confirm that the following details on the BI1663 (Notice of Death form) are correct, clear and readable.**

**NB: No claim will be assessed if the information is not fully completed and verifiable.**

Required documents	Documents attached	
	Yes	No
Particulars of the deceased	Yes	No
Certificate by attending Medical Practitioner / Professional Nurse	Yes	No
Certificate by Medical Practitioner / Forensic Pathologist	Yes	No
Particulars of informant	Yes	No
Particulars of funeral undertaker	Yes	No
Medical certificate of cause of death	Yes	No

## G. Declaration by claimant

Name and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

I, the claimant, hereby declare that I have handed in this claim form and the documentation indicated above/ attached to this claim form. I agree and understand that:

- Submission of the above information and documentation does not mean that the claim has been approved;

- No claim on the abovementioned policy will be assessed or processed until all the required documentation has been received by MiWayLife;
- Incomplete information or outstanding documentation may cause delays and / or may be requested later;
- MiWayLife reserves the right to request additional documentation or information it deems necessary to assess, verify or process the claim, which will be provided by me, the claimant, at my own expense; and
- Payment of this claim will be the full and final settlement of MiWayLife liability in respect of your current claim under this policy.
- I hereby irrevocably authorise MiWayLife to communicate any message or any information regarding this claim by use of Short Message Service (SMS).

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.

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#### H. 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.

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

Signature of Claimant(s)/legal guardian/Parents/Trustee \_\_\_\_\_ Date \_\_/\_\_/\_\_

Signature of Commissioner of Oath/Justice of the peace \_\_\_\_\_

**Official Stamp:**




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#### 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.