

# TURNBERRY FUNERAL-CARE CLAIM FORM

Policy Number:

## A. SUPPORTING DOCUMENTS REQUIRED

To submit your claim, kindly forward all claim documents listed below:

1. Certified copy of the Death certificate.
2. Certified copy of the claimant's ID or smart card ID copies of both sides.
3. Certified copy of the deceased's ID or smart card ID copies of both sides.
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 forms (all 3 pages are required).
6. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.
7. A Medical report for stillborn child.
8. A copy of the police report or accidental report if death was due to unnatural causes.

Additional documentation may be requested to assess the claim.

Please complete and return by fax to: 086 500 7532 or 086 673 4224 | Email to: [claims@turnberry.co.za](mailto:claims@turnberry.co.za)

## B. DETAILS OF DECEASED

Title:	<input type="text"/>	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	
Initials:	<input type="text"/>	First Name:	<input type="text"/>	
Surname:	<input type="text"/>			
Residential or Physical Addresses:	<input type="text"/>			
	<input type="text"/>	Code:	<input type="text"/>	
Postal Addresses:	<input type="text"/>			
	<input type="text"/>	Code:	<input type="text"/>	
Date of Death:	<input type="text"/>	Cause of Death:	<input type="text"/>	

## B. DETAILS OF THE CLAIMANT / BENEFICIARY

Title:	<input type="text"/>	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	
Initials:	<input type="text"/>	First Name:	<input type="text"/>	
Surname:	<input type="text"/>			
Residential or Physical Addresses:	<input type="text"/>			
	<input type="text"/>	Code:	<input type="text"/>	
Postal Addresses:	<input type="text"/>			
	<input type="text"/>	Code:	<input type="text"/>	
Relationship to deceased:	<input type="text"/>			
Cell Number:	<input type="text"/>	Home Telephone Number:	<input type="text"/>	

F.

**DECLARATION**

I, the undersigned \_\_\_\_\_ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Sanlam Developing Markets Limited from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct .

Signature: \_\_\_\_\_

Date:

F.

**CONTACT DETAIL FOR CLAIMS**

Telephone: 0861 000 509  
Fax: 0861 000 508  
Physical Address: 4 Osborne Lane, Bedfordview, 2007  
Postal Address: Private Bag X2, Gardenview, 2047

G.

**FOR OFFICE USE ONLY**

Claim Number

Settlement Amount