Compendium
INSURANCE BROKERS

Compendium Insurance Brokers (Pty) Ltd. Authorised Financial Services Provider FSP10405 and FSP10409. Company Registration No. 2000/009588/07

Tel: 087 285 4040 Fax: 087 238 6388 www.cig.co.za

BEREAVEMENT BENEFIT CLAIM FORM

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

DETAILS OF POLICY HOLDER/CLAIMANT

Full Names	
ID Number	
Residential Address	
Telephone Number	
E-mail Address	

DETAILS OF DECEASED

Full Names	
Date of Birth	
Sex	
Residential Address	
Relationship between claimant and deceased (e.g. the deceased is the father/son)	
Address	
Relationship between deceased and policyholder (if claimant and policyholder not the same)	

DETAILS OF DEATH OF THE DECASED

Date of Death		Time of Death	
Hospital/ Place of Death		Hospital telephone number	
Hospital admission number		Date of Funeral	
Cemetery buried			
Cause of death (Please give full details)			
Full Name of Executor, if applicable		Telephone Number of Executor	

DETAILS OF DOCTOR WHO CERTIFIED DEATH

Full Names	
Address	.
Telephone Number	

Doctor Practise Number	

ELECTRONIC TRANSFER AUTHORISATION

Account Holder	
Account Number	
Name of Bank	
Branch Code	
Account Type	

By signature of the declaration of this Bereavement Benefit Claim form, I authorise and request Compendium, on behalf of Insures, to electronically transfer payments into the account as noted above,

ADDITIONAL INFORMATION REQUIRED

Please attach copies of the following:

1. Original/certified copy of the printed death certificate;
2. Certified copy of B 1-1663 certificate;
3. Certified copy of the Identity book of deceased; and
4. Proof of employment if the claim is for Domestic worker (UIF).

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DECLARATION

I/We solemnly declare that to the best of my/our knowledge, the above statements are truly made.

Policyholder Signature		Date	
Capacity		Full Name	

FRAUDULENT CLAIMS WILL BE PROSECUTED