



Funeral claim form

All relevant questions have to be completed in full. All supporting documentation must be attached to this form

Policy number:

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Requirements

Please choose the category that applies to you and send us the documents marked as required for the particular category. If the policyholder is deceased, different documents are needed, as indicated below.

Please indicate your role: Beneficiary Policyholder

	Policyholder:	Beneficiary:
A fully completed and signed <i>Funeral claim form</i> .	✓	✓
A certified copy of the death certificate.	✓	✓
A certified copy of the deceased's identity document.	✓	✓
A certified copy of the DHA-1663 obtainable from the doctor who declared the death.	✓	✓
A certified copy of the policyholder's identity document..	✓	✓
A certified copy of the claimant's identity document (if the claimant is not the policyholder)	✓	✓
If the deceased died of unnatural causes, we require the <i>Unnatural death claim form</i> (JPF/Unnatural Death Claim/052020), which must be completed by the Police Investigating officer.	✓	✓
A certified copy of the beneficiary/ies identity document/s.	✓	✓
A copy of the bank statement or a cancelled cheque. (<i>According to the Financial Intelligence Centre Act (FICA), we must identify the roleplayer, and verify information if it is new or different to what we have on our records. This means we can ask for additional information and documents.</i>)	✓	✓

Please note: We will not be able to proceed with the claim if all the documents asked for are not attached to this form.

Please email the claim documents to:

E-mail: info@jpfin.co.za

Or call us for more information:

Tel: 012 460 0526 Our office hours are from 8:00 – 16:30.

JPF may ask for more information or set further requirements if necessary.



A subsidiary of MMI Holdings

Section 1: Details of claimant

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Relationship to the deceased	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID		Yes	No	
Passport number (non-RSA residents only)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport country of issue	<input type="text"/>					
Postal address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Physical address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	<input type="text"/>	Fax - work	<input type="text"/>	<input type="text"/>	
Telephone - home	<input type="text"/>	<input type="text"/>	Fax - home	<input type="text"/>	<input type="text"/>	
Cellphone number	<input type="text"/>	<input type="text"/>				
E-mail address	<input type="text"/>					
Which method of communication do you prefer?	Post	E-mail	What language do you prefer?	English	Afrikaans	

Section 2: Details of the deceased

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Identity number (RSA residents only)	<input type="text"/>	Permanent ID		Yes	No	
Passport number (non-RSA residents only)	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport country of issue	<input type="text"/>					
Date of death	<input type="text"/>					
Exact cause of death (please give full details - 'Natural/unnatural causes' not acceptable)	<input type="text"/>					
If the cause of death is unnatural , we require a completed <i>Unnatural death claim form</i> (JPF/Unnatural Death Claim/052020).						
Date of funeral:	<input type="text"/>					
Place / cemetery of burial	<input type="text"/>					
Name of funeral parlour	<input type="text"/>					
Address of funeral parlour	<input type="text"/>				Postal code	<input type="text"/>
Telephone number of funeral parlour	<input type="text"/>	<input type="text"/>				
Name of hospital and place of death	<input type="text"/>					
Hospital admission/patient number	<input type="text"/>					
Address of hospital	<input type="text"/>				Postal code	<input type="text"/>
Name of doctor who certified death	<input type="text"/>					
Telephone number of doctor	<input type="text"/>	<input type="text"/>				
Was the deceased employed?	Yes	No				
Occupation	<input type="text"/>					
Name of employer	<input type="text"/>					
Physical address of employer	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>	<input type="text"/>	Employee number	<input type="text"/>		

Section 3: Bank details of claimant:

Please attach a copy of your bank statement not older than three months or a cancelled cheque. The bank statement must be on a bank letterhead or have a bank stamp on.

Name of account holder

Bank

Branch

Account number Branch code - - -

Account type Current Savings Transmission

Signature of account holder Date - - 2 0

Section 4: Declaration by the claimant/s

I declare that the information I have given above is true and complete. i consent to JPF seeking information about this claim from any source it considers appropriate and I authorise the providing of such information.

Name of claimant

Signature of claimant Date - - 2 0

Name of legal guardian/parent/trustee

Signature of legal guardian/parent/trustee Date - - 2 0