

Funeral claim form

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

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 Funeral claim form.	✓	✓
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.	1	✓
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)	1	✓
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.	1	✓
A certified copy of the beneficiary/ies identity document/s.	/	✓
A copy of the bank statement or a cancelled cheque. (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.)	1	✓

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.



Title Initials First name
Relationship to the deceased Identity number (RSA residents only) Passport tourning remarks for residents only) Postal address Physical address
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Hospital admission/patient number Address of hospital Postal code
Address of hospital Postal code
Postal code
Name of doctor who certified death
Telephone number of doctor
Was the deceased employed? Yes No
Occupation
Name of employer
Physical address of employer
Postal code

Please attach a copy of your bank state have a bank stamp on.	ement not older	than three months o	r a cancelled cheq	ue. The bank stateme	ent must be	on a bank le	tterhead or
Name of account holder							
Bank							
Branch							
Account number				Branch code	_	_	-
Account type	Current	Savings	Transmission				
Signature of account holder				Date D	- M M	- 2 0	YY
Section 4: Declaration by the	ne claiman	t/s					
Section 4: Declaration by the I declare that the information I have give appropriate and I authorise the providing	en above is true	and complete. i cons	ent to JPF seeking	information about thi	s claim from	any source	it considers
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Section 3: Bank details of claimant:

Signature of legal guardian/parent/

trustee

Date D D - M M - 2 0 Y Y