

RELATIONSHIP TO PRINCIPAL MEMBER

SELF	SPOUSE	CHILD	OTHER
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IS THIS CLAIM IN RESPECT OF A DEPENDANT CHILD OVER 21 YEARS OF AGE?

YES	NO
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IF YES, PLEASE ATTACH DETAILS OF THE SCHOOL, COLLEGE OR UNIVERSITY ATTENDED BY THE DECEASED AND/OR PROOF THAT THE CHILD WAS TOTALLY DEPENDANT ON THE PRINCIPAL MEMBER.

PAYMENT INSTRUCTIONS

ACCOUNT HOLDERS NAME:	
ACCOUNT NUMBER:	
BANK/BUILDING SOCIETY:	
BRANCH CODE:	

ACCOUNT TYPE CURRENT TRANSMISSION SAVINGS

SIGNATURE OF ACCOUNT HOLDER: _____

CAPACITY _____

NOTE:
BENEFIT AMOUNT PAYABLE TO NOMINATED BENEFICIARY'S ACCOUNT ONLY. NO THIRD PARTY PAYMENTS ALLOWED.

DETAILS OF CLAIM

TYPE OF CLAIM:	FUNERAL	ACCIDENTAL DEATH
EXACT CAUSE OF DEATH		
DATE OF DEATH		
PLACE OF DEATH		
UNDERTAKER NAME		
ADDRESS		
POSTAL CODE		
UNDERTAKER TEL NO		
NAME OF DOCTOR WHO SIGNED DEATH CERTIFICATE		
ADDRESS		

DECLARATION

1. I/We declare that the person mentioned under deceased details is nominated under the abovementioned policy, that all the particulars given are true and complete, and that the death was not wholly or partly, directly or indirectly, caused by the contingencies mentioned in the General and Specific exceptions attached to the policy in question.
2. I/We further declare that the above statements are true and that I/We have withheld no material information and that I/we undertake to furnish any documentation which may be required by PSG Konsult
3. I/We expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the claimant, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and agree that this authority shall remain in force until cancelled in writing.
4. I/We authorise all such persons or agencies to furnish any information in their possession to PSG Konsult.

PRINCIPAL MEMBER / NOMINATED BENEFICIARY / EXECUTOR OF DECEASED ESTATE (NAME/SURNAME)

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE ATTACH:

**CERTIFIED COPY OF DEATH CERTIFICATE
CERTIFIED COPY OF DECEASED'S ID
CERTIFIED COPY OF BENEFICIARY'S ID OR LETTER OF EXECUTORSHIP
IN CASE OF ACCIDENTAL DEATH – CERTIFIED POLICE REPORT
BI-1663 (DEATH REGISTRATION FORM)**

PLEASE RETURN TO:

**PO Box 25149
Gateway
4321**

OR Fax to:

086 688 5285