

Claim must be emailed to claims@ingwelife.com or uploaded to the Doc Library of the Member's Profile on the Ingwe Life System

GROUP SCHEME CLAIM FORM

Ingwe Life is a Cat 4 Authorised Financial Services Provider FSP No 46004

Head Office: Northlands Corner Shopping Centre, Unit F2A, 1st Floor, Tower A, Corner Witkoppen & Newmarket Roads, Northriding
Tel: 011 462 0353



Scheme Name:

Policy No.:

POLICY HOLDER DETAILS

First Name(s):

Surname:

ID/Passport No.: Cover Amount: R

DETAILS OF DECEASED

First Name(s):

Surname:

ID/Passport No.: Cover Amount: R

Cause of Death: Date of Death:

Relation to Main Member: Inception Date:

DOCUMENTS TO BE ATTACHED

Please tick the relevant box to indicate which documents have been attached.

- Certified Death Certificate – Computerised Death Certificate
- Certified Copy of Deceased's ID/Passport
- Affidavit from Family or Home Affairs on all Hand Written Death Certificates
- Foreigners – Certified copy of Passport to confirm Identity
- Application Form
- Certified Copy of Main Member's ID/Passport
- Police Report with all Unnatural Cause Death Claim
- Still Birth – Letter from Doctor or Still Birth Claim Document
- Copy of BI 1663 all 3 pages

COMPLETED BY MAIN MEMBER/INFORMANT/BENEFICIARY FOR CLAIM PAYMENT

I, above nominated Main Member/Informant or Beneficiary hereby appoint the 3rd party below as new beneficiary to receive the full benefit due in respect of the claim lodged above. I also hereby indemnify Ingwe Life/**Underwriter / Insurance Company** all/any claim by any party for any benefits or money, loss of damages incurred or suffered in respect of, or caused by any representation made by me to Ingwe Life/**Underwriter / Insurance Company** and/or the payment by Ingwe/**Underwriter / Insurance Company** to below mention Undertaker of any claim in respect of the claim lodge.

First Name(s):

Surname:

ID/Passport No.: Contact No.:

Relation to Deceased:

Name of Undertaker:

Signature for above Authorisation: _____ Signature Date:

Received / Check By (Name and Surname) _____ Signature Date:

COMPLETED BY MAIN MEMBER/INFORMANT/BENEFICIARY FOR CLAIM PAYMENT

Name of Acc. Holder:

Name of Bank:

Type of Account:

Account No.: Branch Code: