

The EasyPay Insurance Limited

(Registration No. 1965/003119/06)

FSP 45983

CLAIM FORM

Email:

claims@easypayinsurance.co.za

WhatsApp number: 072 352 8221

Fax number: 086 244 3617



SECTION A: POLICY DETAILS

Policy Number:			
Date of Death:	Cause of Death	Natural <input type="checkbox"/>	Unnatural <input type="checkbox"/>

SECTION B: DECEASED DETAILS

Name and Surname of the Deceased:			
Address of the Deceased:			
ID Number of the Deceased:			
Role of the Deceased:	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>	Main Life <input type="checkbox"/> Extended family <input type="checkbox"/>

SECTION C: CLAIMANT OR BENEFICIARY DETAILS

Beneficiary Information: EasyPay Insurance Limited will only pay beneficiaries duly nominated in writing by the policy holder or the Master of the high court

Name and Surname:			
ID Number:			
Contact Details:			
Cell Number:		Alternative Number:	
E-mail Address:			
Physical/ Postal Address:			
City:		Province:	
Relationship to the Deceased:			
Signature:		Date:	

SECTION D: BANKING DETAILS

Name of the Account Holder:			
Name of the Bank:			
Account Type:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Account Number:		Branch code:	

SECTION E: DOCUMENTS REQUIRED CHECK LIST

<input type="checkbox"/>	Certified copy of Death Certificate (computerized)
<input type="checkbox"/>	Certified copy of deceased ID
<input type="checkbox"/>	Certified copy of claimant/beneficiary ID
<input type="checkbox"/>	Notice of death (BI-1663)/DHA form
<input type="checkbox"/>	Claimant Bank Stamped – Bank Statement (not older than 3 months)
<input type="checkbox"/>	Fully completed EasyPay Insurance Limited Police Report Form for Unnatural Deaths (with supporting information referred to in the form) we need a police report of that incident
<input type="checkbox"/>	Letter of authority (if no beneficiary nominated) from magistrate