

ACCIDENTAL DEATH BENEFIT CLAIM FORM

DECEASED'S DETAILS

Full Name and Surname	<input type="text"/>										
ID Number	<input type="text"/>					Medical Aid Number	<input type="text"/>				
Place of Death	<input type="text"/>							Date of Death	<input type="text"/>		
Cause of Death	<input type="text"/>										
Circumstances of Death	<input type="text"/>										

CLAIMANT'S DETAILS

Full Name and Surname	<input type="text"/>										
ID number	<input type="text"/>										
Relationship to Deceased	<input type="text"/>										
Contact Numbers: Cell No.	<input type="text"/>					Home No.	<input type="text"/>				
Work No.	<input type="text"/>										

DOCTOR'S DETAILS

Details of Doctor who signed the Death Certificate:											
Name of Doctor	<input type="text"/>										
Practice Number	<input type="text"/>										
Contact Numbers: Cell No.	<input type="text"/>					Fax No.	<input type="text"/>				
Surgery	<input type="text"/>										

PAYEE DETAILS

Full Name and Surname	<input type="text"/>										
Name of Bank	<input type="text"/>										
Branch Name	<input type="text"/>					Branch Code	<input type="text"/>				
Account Number	<input type="text"/>					Account Type	<input type="text"/>				

DECLARATION

I hereby declare that all information supplied on this form is true and correct.

Claimant's Signature: _____ Date: _____

Please submit the following supporting documentation:

- Certified copy of Death certificate,
- Certified copy of Deceased and Claimant's ID.
- Certified copy of Marriage Certificate / Proof of Relationship, if applicable.
- Certified copy of Deceased Driver's Licence. (If driver of vehicle)
- If payment is to be made to a Funeral Parlour, please provide copy of Funeral Parlour invoice.
- Proof of Claimant's Bank Account (Copy of cancelled cheque/bank statement/salary slip).
- Form BI1663-Notification of Death Form and Burial Order (Obtain copy from Undertaker).
- Copy of the Police Report and Accident Report.
- Copy of the Post Mortem Report and results of Blood Alcohol test.

If the required documentation is not clear, MS Life reserves the right to call for original documentation.