



VEBI GROUP
Funerals and Financial Services



FUNERAL COVER CLAIM FORM

1. Policy details

Policy number		Date	
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2. Member details (deceased)

Initials		Full Names (as per SA ID / Passport)	
Surname (as per SA ID / Passport)			
ID/Passport number			
Country of issue			
Residential address:			
		Code	
Date of Death			
Place of Death		Home ☐ Hospital ☐ Other (specify) Outside of South Africa:	
Cause of Death		Natural ☐ Is Suicide suspected? ☐ Accidental ☐ Under Investigation by SAPS ☐	
Marital status at time of death		Married ☐ Divorced ☐ Widow(er) ☐ Unmarried/Single ☐	

3. Beneficiary details (claimant)

I am claiming the benefits in my capacity as the:		Nominated beneficiary ☐ Executor of the estate ☐ Other (Specify):	
Initials		Full Names (as per SA ID / Passport)	
Surname (as per SA ID / Passport)			
ID/Passport number			
Residential address			
		Code	



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Relationship to the deceased		Cell number	
Home tel			
Work tel		E-mail address	

4. Beneficiary banking details

Please ensure that the account information that you supply is correct. VEBI Group will not be held liable for delays or other damages due to incorrect details provided.
Funds will be paid via Electronic Fund Transfer (EFT) to ensure your protection and fast payment into a South African bank account.
Third party payments will not be allowed. Payment will be made to the nominated beneficiary only. Proof of banking details for the beneficiary will only be accepted if stamped by the bank, and if not older than 3 months. (Internet bank statements will not be allowed).

Full names and surname (as per SA ID)			
Name of bank		Branch name	
Account number			Branch code
Account type	Savings ☐ Cheque ☐ Transmission ☐		
Contact numbers	Cell		Work tel
Home tel			

5. Death claim requirements (standard requirements)

NATURAL DEATH Certified Copy of the death certificate
 Certified Copy of deceased ID
 Copy of the DHA 1663 (4 pages) – obtainable from the Hospital, Funeral Parlor, Home Affairs
 Or the doctor that certified the death.
 Certified Copy of the Beneficiary's ID
 Proof of banking details for the Beneficiary (stamped bank statement not older than 3 months)

UNNATURAL DEATH Police Statement (to be completed by the Investigating officer) This form is available at the Church or any Vebi Group branch. It can also be requested from Vebi Group.
 Detailed Accident Report (obtainable from the investigation officer) in the case of a Motor Vehicle Accident or a Pedestrian Vehicle Accident.

Should you have any other documentation available, regarding the claim, you are welcome to submit it together with the above requirements.

6. Death claim declaration

I, _____ (full names and Surname as per the SA ID) with

SA ID number / Passport number _____ hereby claim the benefits of the above funeral cover and declare the following:

The answers I have given and statements I have made are true and correct. I have withheld no material information from RMA. I agree that the written statements and affidavits submitted in support of this claim shall constitute part of the claim.

I agree that the submission of this claim to RMA Life shall be invalid if RMA Life does not hold a valid funeral contract on the life assured.

Should a claim be rejected on the grounds of fraud, then RMA Life has the right to cancel the policy. Should RMA cancel the policy and its benefits due to fraud, no benefit will be payable and all premiums received will not be refunded. You will, in future, be unable to obtain cover on any of RMA Life's products and any application that you make to RMA Life will be declined.

An investigation may be done on any claim received by RMA Life. Once a claim is elected for Investigation, the stipulated claim turnaround time will fall away and the investigation will dictate the timeframe in which a decision will be reached on the claim.

Acknowledgement

I acknowledge that payment, by RMA Life, of the benefit claimed shall release RMA Life from all further liability in respect to this claim.

I acknowledge that RMA Life may access my records from the credit Bureau for verification and tracing information for assessing this claim.

I hereby consent to the exchange of information, including medical information, between RMA Life and any medical practitioner consulted or any other life office or any other party, and hereby authorise RMA Life (or its representatives) be furnished with such information for consideration of this claim.

I have read and understood the abovementioned disclosures (Tick relevant answer) YES ☐ NO ☐

Signed at (city) _____ Claimant Signature _____

Signed on the:

y	y	y	y	m	m	d	d
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Once complete, please send form to Vebi Group by the following methods:

1. By E-Mail: claims@vffs.co.za

2. For claims related queries 081 489 4376