

YAMBU DOMESTIC CARE CLAIM FORM

1.	LIFE ASSURED Name & Surname:			
2.	Policy Number:			
3a.	CLAIMANT Full Name and Surname:			
3b.	What is the relationship of the claimant to the main member?			
3c.	Contact details of the claimant:	Cell:		
		E-mail:		
4.	Are you, the claimant the person authorized by the MAIN MEMBER to claim the benefit? Are you the beneficiary of the policy? Please explain?	Yes		No
5a.	Has there ever been a previous claim submitted to YAMBU Domestic Care?	Yes		No
5b.	Is there another <u>current</u> claim submitted to YAMBU Domestic Care?	Yes		No
6a.	Is there an Executor of the Estate?	Yes		No
6b.	If Yes, Please specify details of the Executor of the Estate:	Name of Executor:		
		Executor Phone No.:		

Supporting documentation required for the processing of the claim:

Life Benefit Claim	
Decease date:	
Cause of death:	
Type of death:	Natural <input type="checkbox"/> Unnatural <input type="checkbox"/>

CERTIFIED COPY OF I.D. OF DECEASED:		FOR OFFICE USE ONLY:
CERTIFIED COPY OF DEATH CERTIFICATE OF DECEASED:		
CERTIFIED S.A. HOME AFFAIRS – NOTICE OF DEATH:		
CERTIFIED COPY OF I.D. OF CLAIMANT:		
BANK STATEMENT/CLAIMANT'S CERTIFICATE OF ACCOUNT:		
LETTER OF APPOINTMENT OF THE EXECUTOR OF THE ESTATE:		
For an unnatural death the below documents must be submitted in conjunction with the above		
CERTIFIED COPIES OF ALL REPORTS FROM THE SAPS		
CERTIFIED COPIES OF THE POST MORTEM REPORT AND/OR INQUEST (IF APPLICABLE)		Is the claimant the MAIN MEMBER or the beneficiary on the MAIN MEMBER'S Policy? Have all documents been appropriately Certified/Stamped? Have all the required documents been received?

CLAIMANT'S FULL NAME & SURNAME:		CLAIMANT'S SIGNATURE:		DATE:	
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KINDLY NOTE:

NO CLAIM WILL BE ACCEPTED WITHOUT THE REQUIRED CERTIFIED DOCUMENTATION.

Checked by (Full Name):		Checked by (sign):		Date:	
Authorised by (Full Name):		Authorised by (sign):		Date:	