

YAMBU DOMESTIC CARE LIFE CLAIM FORM

1.	What is the name of the YAMBU Domestic Care Policy Holder:			
2.	State the Yambu Domestic Care Membership Number:			
3.	Details of Claimant (the person who is lodging a claim for policy benefits).	Name:		
		Surname:		
		ID Number:		
		Tel/Cellular Number:		
		E-mail Address:		
		Address:		
4.	In what capacity do you claim Yambu Domestic Care policy benefits?	MAIN MEMBER		
		Spouse		
		Beneficiary		
		Executor/ Executrix		
		Other (please specify):		
5.	<ul style="list-style-type: none"> If the claimant is the SPOUSE of the MAIN MEMBER, you will be required to provide us with a certified copy of your marriage certificate or a sworn affidavit in confirmation of a customary union. If the claimant is the Executor or Executrix of the Main Member's deceased estate, you will be required to provide us with a certified copy of the Master's Letter of Authority/ Executorship. 			
6.	Have you previously claimed any benefits from YAMBU Domestic Care?	Yes		No
7.	Is there any other <u>current</u> claim submitted to YAMBU Domestic Care on the life of the same Life Assured?	Yes		No
8.	Type of death?	Natural		Accidental
9.	If accidental was selected the below questions to be answered: <ul style="list-style-type: none"> What is the name of the police station where the death was reported? What is the SAPS case Reference Number? Who is the investigating officer? Will criminal proceedings be instituted? Is there any suspicion or probability of family involvement in the death of the deceased? Who identified the deceased? 	----- ----- ----- ----- ----- ----- ----- -----		
10.	Was the deceased's death caused by: <ul style="list-style-type: none"> Suicide Motor Vehicle Accident Assault Shooting incident Murder Other (specify) 	----- ----- ----- ----- ----- ----- -----		

SUPPORTING DOCUMENTATION REQUIRED		
Items marked with an X are compulsory. Items not marked will depend on the nature of the status of the Claimant.		
A certified copy of the deceased's Identity Document:	X	FOR OFFICE USE ONLY:
A certified copy of the Notification of death Form (the DHA1663/BI1663 form obtained from either the funeral parlour or the doctor who certified the death):	X	
A certified copy of the Death Certificate of the deceased issued by the RSA Department of Home Affairs:	X	
A copy of the letter of executorship or the letter of authority issued by the Master of the High Court:	—	
A certified copy of the deceased Marriage Certificate:	—	
A sworn affidavit in support thereof that the deceased was in a customary/ common law union with the claimant.	—	
A sworn affidavit in support of the relationship between the claimant and the deceased.	—	
A SAPS Declaration	—	
A certified copy of the claimant's Identity Document:	X	
A recent (not older than 3 months) bank statement of the Claimant's bank account:	X	
		Date the spouse was added to the policy?
		Does the claimant qualify for the death benefit?
		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:

YAMBU Domestic Care is committed to the quick finalization of your claim, but in the absence of duly certified and proper documentation submitted to us as required, your claim will be delayed as no payout of benefits can be made until we have received ALL documents.

No third party payments will be made

FOR OFFICE USE ONLY					
Checked by (Full Name):		Checked by (sign):		Date:	
Authorised by (Full Name):		Authorised by (sign):		Date:	