



Claim Application & Discharge Form

The following documentation is required:

- A fully completed claim form;
- Original Policy document or application form signed by the MAIN MEMBER (preferably the first month of sign up) – please note, if the main member has not signed the document, the policy is not valid and no claim will be paid;
- A certified copy of the Identity Document of the deceased Assured Person;
- A certified copy of the Death Certificate of the deceased Assured Person;
- A certified copy of the Identity Document of the Claimant (If not Company);
- A copy of the form BI 1663;
- A copy of the form BI 14 (Burial Order) if another funeral home/undertaker is doing the burial (when the funeral home/undertaker who is claiming is not doing the burial), or when requested by SIA;
- If a stillborn child, a letter from the doctor confirming the length of pregnancy;
- Every accidental death claim will require a police report;
- In the case of a Spouse, marriage certificate or an affidavit satisfactory to Insurer;
- In the case of a legitimate biological child, a certified copy of the Participant's or Spouses Identity Document and marriage certificate and child's birth certificate;
- In the case of a stepchild, a certified copy of the relevant marriage certificate and the Child's birth certificate;
- In the case of an illegitimate or adopted child, a copy of the adoption certificate, and affidavit or any other documentary proof satisfactory to the Insurer;
- All copies shall be certified by a Commissioner of Oaths and originally certified copies to be sent to the Insurer.
- Any documentation required by the Insurer as proof of the deceased's relationship to the Principal Insured;
- Where the deceased is a Child over age 21 and was incapacitated by mental or physical infirmity from maintaining him/herself, a declaration signed by a Medical Practitioner setting out the nature of the infirmity of the Child from his 21st birthday until date of death;
- In the case of the Principal Insured using a passport or refugee number instead of a South African ID number on the system, the claim will only be processed if the identical Passport or Refugee number appears on the certified death certificate of the deceased, and a Residence permit for the main member will be requested.
- Any other evidence the Insurer may require.
- If the claim payout is being made to a funeral home in order for them to render funeral services, then a detailed invoice or detailed quotation for these services must be submitted.

**Please complete all details required on both pages.
Incomplete details may cause delays and be requested again later.**

Beneficiary (Claimant) details as per Policy Document (Funeral Home Details if beneficiary):

Beneficiary's Full Names		Beneficiary's Surname		Date of Birth	
Identity No.		Employer			
Tel. (H)		Tel. (W)			
Street Address					
			Postal Code		
Postal Address					
			Postal Code		
Relationship to Deceased					

Deceased Details:

Scheme Name		Policy No.			
Deceased Full Names		Deceased Surname		Date of Birth	
Identity No.		Main Members Name			

Tel. (H)		Tel.(W)	
Street Address			
		Postal Code	

Details of Death

Date of Death		Place of Death		Cause of Death	
Police Case No.		Police Station		Hospital Admission No.	
Date of Funeral		Burial Cemetery			
Name of Undertaker			Undertakers Address		
Undertakers Tel. No.					
Certifying Doctor			Doctors Address		
Doctors Contact No's.					

Other Applicable Information:

Payment Details & Indemnity

In my capacity of beneficiary, I the undersigned acknowledge that all details provided are correct, and that I am the valid recipient of any benefit payment. I further understand that any misstatement or non-disclosure which materially affects the assessment of this claim, may cause settlement of the claim to be declined or delayed

I request payment be made as follows:

Full Payment To: _____

Amount: _____

Signature: _____ **Date:** _____

Bank Details

Bank		Branch	
Branch Code		Acc. No.	
Acc. Holder		Acc. Type	

Should you have any questions with regard to the completion of this form, please contact the claims department.

Contact No's	082 241 4949 / 011 507 4779
Fax. No	011 507 4650 / 086 679 0524

DECLARATION BY POLICE UPON ACCIDENTAL DEATH

Please return to:

Smartcall Insurance Administrators (Pty) Ltd

Tel: 082 241 4949 (toll free); Fax: 011 507 4650 ; 086 679 0524

PO Box 412041

Craighall

2024

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE ACCIDENT WAS REPORTED

Insurer of the life of the person mentioned below and will be considered strictly confidential.

DETAILS OF THE LIFE ASSURED

Policy number _____

Surname _____

Full Names _____

Date of Birth _____

ID Number _____

DETAILS OF THE ACCIDENT OF THE LIFE ASSURED

Date of accident _____ Time of accident _____

Place of accident _____

Cause of accident _____

Magisterial district _____

Police station where accident was reported _____

Case number _____

Date reported _____

Name of investigating officer _____

1. Was the life assured involved in a motor accident? _____
 - a) Was the life assured a driver, passenger or pedestrian? _____
 - b) Was a blood alcohol test done on the life assured? _____
 - c) Results of the blood alcohol test? _____

2. Was the life assured involved in an assault? _____
 - a) Was the life assured assaulted during the course of his/her duties? _____

 - b) Was the life assured an innocent bystander? _____

3. Has an inquest been held or will one be held? _____
 - a) Inquest number and reference: _____

