



TURNBERRY FUNERAL-CARE CLAIM FORM

Insurer:
 Sanlam Developing Markets Limited
 (Reg. No. 1991/003818/06) FSP no. 11231

Risk and Underwriting Managers:
 Turnberry Management Risk Solutions (Pty) Ltd
 (Reg no : 2007/026488/07) FSP no. 36571

Telephone: 0861 000 509
 Fax: 0861 000 508
 Physical Address: 4 Osborne Lane, Bedfordview, 2007
 Postal Address: Private Bag X2, Gardenview, 2047

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|------------|--|----------------------------|-----------|--|--------------------|--|
| Policy No. | | FOR OFFICE USE ONLY | Claim No. | | Settlement Amount: | |
|------------|--|----------------------------|-----------|--|--------------------|--|

Please complete and return by fax to: 086 500 7532 or 086 673 4224 | Email to: claims@turnberry.co.za

A. SUPPORTING DOCUMENTS REQUIRED

To submit your claim, kindly forward all claim documents listed below:

1. Certified copy of the Death certificate.
2. Certified copy of the claimant's ID or smart card ID copies of both sides.
3. Certified copy of the deceased's ID or smart card ID copies of both sides.
4. If the Principal Member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 forms (all 3 pages are required).
6. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.
7. A fully completed BI/DHA-1680 form (if the deceased died at home)
8. A copy of the police report or accidental report if death was due to unnatural causes.
9. In the case of stillborn child, a medical report from the doctor who was present at the time the baby was born, confirming the mother of the child and the age of the foetus in weeks is required;
10. Official confirmation of registration as a full time student from a registered tertiary institution or medical report confirming disability of a Dependent Child, if the deceased Assured Life is between the ages of 22 (twenty two) and 26 (twenty six) years of age;
11. Proof of banking account into which the claim will be paid (bank statement stamped by bank and not older than 3 months);

Additional documentation may be requested to assess the claim.

B. DETAILS OF DECEASED

| | | | | | |
|------------------------------------|----------------------------|------------------------------|--------------------------------------|----------------------|----------------------------|
| Title: | <input type="text"/> | First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Gender: | Male <input type="radio"/> | Female <input type="radio"/> | ID Number / Foreign Passport Number: | <input type="text"/> | |
| Residential or Physical Addresses: | <input type="text"/> | | | | |
| | <input type="text"/> | | | | Code: <input type="text"/> |
| Postal Addresses: | <input type="text"/> | | | | |
| | <input type="text"/> | | | | Code: <input type="text"/> |
| Date of Birth: | <input type="text"/> | Date of Death: | <input type="text"/> | | |
| Cause of Death: | <input type="text"/> | | Nationality: | <input type="text"/> | |
| Country of Birth: | <input type="text"/> | Country of Residence: | <input type="text"/> | | |

C. DETAILS OF THE CLAIMANT / BENEFICIARY

| | | | | | |
|------------------------------------|----------------------|---------------------------|----------------------|----------|----------------------|
| Title: | <input type="text"/> | First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| ID Number: | <input type="text"/> | Cellphone No.: | <input type="text"/> | | |
| Home Tel No.: | <input type="text"/> | Work Tel No.: | <input type="text"/> | | |
| Residential or Physical Addresses: | <input type="text"/> | | | | |
| | <input type="text"/> | Code: | <input type="text"/> | | |
| Postal Addresses: | <input type="text"/> | | | | |
| | <input type="text"/> | Code: | <input type="text"/> | | |
| Email: | <input type="text"/> | Relationship to deceased: | <input type="text"/> | | |
| Nationality: | <input type="text"/> | Country of Residence: | <input type="text"/> | | |
| Country of Birth: | <input type="text"/> | | | | |

D. DECLARATION BY BROKER FOR REPLACEMENT OF POLICY

I, the undersigned _____ am duly authorised hereto, declare that the deceased was a legal participant of the Policy. I hereby indemnify Sanlam Developing Markets Limited from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund Sanlam Developing Markets all amounts paid out immediately.

I, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct.

Signature: _____ Date:

E. DETAILS OF SANLAM DEVELOPING MARKETS LIMITED

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|---|--|
| Physical address: Oxford & Glenhove, 116 Oxford Road, Block A 1st Floor, Rosebank, Johannesburg, 2196 | Postal address: P O Box 1941, Houghton, 2041, South Africa |
| Email: SKY GB Claims SKYGBClaims@sanlamsky.co.za | Telephone: +27 (0) 860 222 556 Fax: +27 (0) 11 388 5130 |