



# DEATH COVER CLAIM FORM

## How to complete this form

1. Mark selections with an X and sign and date any changes made.
2. Please see attached Annexure A for the required supporting documents.
3. Completed claim forms together with supporting documents can be faxed to 086 235 5238 or email to [claims@triarc.co.za](mailto:claims@triarc.co.za)

## Section 1. To whom must Triarc communicate with?

Relationship to deceased

Surname

First Name(s)

ID Number

Date of Birth 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Gender 

F	M
---	---

 Title

Maiden Name

Telephone Number

Cellphone

Email Address

## Residential address

Suite/ unit number  Complex Name

Street Number  Street Name

Suburb  City

Region  Postal Code

## Section 2. Details of Deceased

Policy Number

Surname

First Name(s)

ID Number

Date of Birth 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Sex 

F	M
---	---

 Title

Date of Death 

Y	Y	Y	Y	M	M	D	D
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 Place of Death

For an unnatural death, the police station where the death was reported

Time of Death 

H	H	:	M	M	AM	PM
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Cause of Death

Last day of actively at work 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Is an inquest to take place? Yes  No

When did the health of the deceased first begin to worsen? (if applicable)

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

When did the deceased first consult a doctor for his or her illness? (if applicable)

Y	Y	Y	Y	M	M	D	D
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**Section 3. Funeral Parlour Details**

Funeral Parlour Name

Funeral Parlour Number

Contact Person

Business Address

Telephone Number

Date of Funeral 

Y	Y	Y	Y	M	M	D	D
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**Section 4. Details of Doctor who certified the death**

Name and Surname

Practice Number

Telephone Number

**Section 5. Banking Details**

**Payment of the Life Cover benefit – We instruct Triarc to pay the Live Cover benefit by Electronic Funds Transfer (EFT) as detailed here:**

- To ensure fast payment and for your protection, payment will only be made by Electronic Funds Transfer
- Payment will only be made to the Policyholder or Nominated Beneficiary
- We will require proof of the account (cancelled cheque or bank statement with account number and name of account holder)

Please ensure the account information is correct. Triarc will not be held responsible for delays or other damages because of incorrect details being provided. If payment is needed to more than one recipient, please supply separate banking details. No payment can be made to a Non-South African Bank. Please provide copy of bank details not older than 3 months.

**First Beneficiary**

Beneficiary Name

Rand amount percentage 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rand amount	<input type="text"/>	Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account holder Name

Bank Name

Branch Name  Branch Code

Account Number

Account Type  Cheque  Transmission  Savings

**Second Beneficiary**

Beneficiary Name															
Rand amount percentage												Rand amount		Percentage	
Account holder Name															
Bank Name															
Branch Name							Branch Code								
Account Number															
Account Type	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings									

**Third Beneficiary**

Beneficiary Name															
Rand amount percentage												Rand amount		Percentage	
Account holder Name															
Bank Name															
Branch Name							Branch Code								
Account Number															
Account Type	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings									

**Section 6. Declaration by Claimant**

I declare my answers and statements are true and correct and I have not omitted or withheld any material fact from Triarc.

I understand and accept that it may be necessary for Triarc to disclose the benefit payment details to the policyholder, beneficiaries and/or their respective agents.

Triarc is authorised to make payment as instructed and I acknowledge that payment, by Triarc of the benefits claimed, will release Triarc and Guardrisk Life Limited from all liability for such benefits.

Name and Surname															
Signed at															
Signature							Date								

**Section 6. Processing of Personal Information on terms of the Protection of personal Information Act 4 of 2013**

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks, and other persons that assist with the processing of any benefit payable.
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime.
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally, and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Name and Surname

Signed at

Signature

Date

Y	Y	Y	Y	M	M	D	D
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## Annexure A – Supporting Documents

The following supporting documentation must be submitted:

Death of Policyholder	
Certified Copy (by a Commissioner of Oaths) of Death Certificate (only computerized BI-5 acceptable)	
Certified Copy (by a Commissioner of Oaths) of Deceased's Identity document or back and front copies of the Identity card	
Copy of DHA1663 Notice of Death Form	

  

Additional Documents for Foreign Nationals	
For Foreign national, a certified copy of the late policyholder passport and death certificate. BI-20+ DHA 1663 forms. An English translation of document submitted in another language	

  

Additional Documents for Unnatural Death	
Fully completed SAPS statement (TRF001)	
Copy of Accident Report	

*Strictly confidential*

**Statement by Police Service official to whom death was reported**

**Details of Deceased**

Policy Number

Name and Surname

ID Number

Date of Birth

Date of Death

Case reference Number

**Details of the Death**

Was the deceased involved in a motor vehicle/motorcycle accident? Yes  No

If yes, was the deceased: the driver  a passenger  a pedestrian

Was the deceased involved in an assault? Yes  No

Was the deceased involved in a shooting accident? Yes  No

Did the deceased take his/her own life intentionally or did a shooting accident occur?

Is anyone being held responsible for the accident??

Has any person been prosecuted or are they to be prosecuted? Yes  No

What was/is the charge?

Relationship between accused and deceased?

The date of the Trial:

Number and reference of the trial:

If sentence has been passed, what was the verdict?

Give a brief description of the circumstances that resulted in the death.

  
  


**Particulars of Investigating Officer**

Name and Surname

Telephone Number

Cell Phone Number

**Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013**

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**Particulars of Investigating Officer (continued)**

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- 1. to enable Us to fulfil our obligations in terms of this Claim;
- 2. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- 3. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share the personal information provided for further processing with the following third parties, which third parties have an obligation to keep such Personal Information secure and confidential:

- 1. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime; and
- 2. Regulatory authorities, industry ombudsmen, and other persons that we, in accordance with the Applicable Laws, are required to share such Personal Information with.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Such Personal Information provided (voluntarily, unconditionally, and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

Date

Y	Y	Y	Y	M	M	D	D
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Signature

Place

Official stamp of Police Service (Compulsory)