

# CREDIT LIFE

## DEATH CLAIM FORM (CLA 2(A))



Kindly answer all questions in full and complete in black ink. If you have any problems completing the form, please call us on (061) 295 2876. Send the completed form to us by email at [claimsnednamibialife@nedbank.com.na](mailto:claimsnednamibialife@nedbank.com.na)

**Note:** Original claim documents should be submitted to NedNamibia Life Assurance Company Limited office directly or at your nearest Nedbank branch. Although NedNamibia Life Assurance Company will commence the assessment of the claim on receipt of any electronic submission, the finalisation of the claim and ultimate disbursement under the Policy will only happen once the original documentation has been received by either NedNamibia Life Assurance Company Limited or any Nedbank Branch.

### CHECKLIST (FOR CLIENT)

- A completed Credit Life Death Claim Form (CLA2(A))
- Original certified copy of the deceased's identity document
- Original certified copy of the death certificate
- Original certified copy of Health Passport of the deceased (*All medical records*)
- Original certified copy of Medical Aid card (*if applicable*)
- Doctor's medical report (CLA10)
- Original Police Declaration (Death) (*if applicable*) (CLA1)
- Original certified copy of the Burial Removal Certificate (*as issued by the Ministry of Home Affairs*)
- Original certified copy of Post Mortem Report (*if applicable and only in the event of unnatural death*)
- Original certified copy of the claimant's identity document

### CHECKLIST (FOR OFFICAL USE ONLY)

- Copy of the initial Loan Application Form
- Copy of Credit Life Application Form
- Statement of Account (installment history)

NedNamibia Life Assurance Company **will only accept** original certified copies of the Supporting Document, duly certified by a Commissioner of Oaths.

NedNamibia Life Assurance Company reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested again.

## 1. DECEASED DETAILS

Policy/Account number	<input style="width: 100%;" type="text"/>										
Identity number of Deceased	<input style="width: 100%;" type="text"/>										
First name(s) of Deceased	<input style="width: 100%;" type="text"/>										
Surname of Deceased	<input style="width: 100%;" type="text"/>										
Last known residential address of Deceased	Line 1	<input style="width: 100%;" type="text"/>									
	Line 2	<input style="width: 100%;" type="text"/>									
	Suburb	<input style="width: 100%;" type="text"/>									
	Town	<input style="width: 70%;" type="text"/>	Code	<input style="width: 20%;" type="text"/>							
Last known postal address of Deceased	Line 1	<input style="width: 100%;" type="text"/>									
	Line 2	<input style="width: 100%;" type="text"/>									
	Suburb	<input style="width: 100%;" type="text"/>									
	Town	<input style="width: 70%;" type="text"/>	Code	<input style="width: 20%;" type="text"/>							
Occupation of Deceased	<input style="width: 100%;" type="text"/>										
Date of death	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	Cause of death	<input type="checkbox"/> Natural <input type="checkbox"/> Unnatural
d	d	m	m	y	y	y	y				
Exact cause of death	<input style="width: 100%;" type="text"/>										
Place of death	<input style="width: 100%;" type="text"/>										
Was the Deceased a scholar/student/employed?	<input type="checkbox"/> Scholar <input type="checkbox"/> Student <input type="checkbox"/> Employed										
Name of school/college/employer	<input style="width: 100%;" type="text"/>										
Work address of Deceased	Line 1	<input style="width: 100%;" type="text"/>									
	Line 2	<input style="width: 100%;" type="text"/>									
	Suburb	<input style="width: 100%;" type="text"/>									
	Town	<input style="width: 70%;" type="text"/>	Code	<input style="width: 20%;" type="text"/>							
Work postal address of Deceased	Line 1	<input style="width: 100%;" type="text"/>									
	Line 2	<input style="width: 100%;" type="text"/>									
	Suburb	<input style="width: 100%;" type="text"/>									
	Town	<input style="width: 70%;" type="text"/>	Code	<input style="width: 20%;" type="text"/>							
Work telephone no.	<input style="width: 100%;" type="text"/>										

**1. DECEASED DETAILS (Continued)**

Doctor's initials  Doctor's Full Name

In the event of unnatural death provide the police station where death was reported

Name of Funeral Parlour

Address of Funeral Parlour  
 Line 1   
 Line 2   
 Suburb   
 Town  Code

Telephone no. of Funeral Parlour

**2. DETAILS OF CLAIMANT**

First Name(s)

Surname

ID/Passport

Postal address  
 Line 1   
 Line 2   
 Suburb   
 Town  Code

Email address

Relationship to Deceased

**3. DECLARATION BY CLAIMANT**

I,

hereby notify NedNamibia Life Assurance Company Limited of the death of the Life Assured under contract(s) specified and declare that the foregoing answers and statement are full and true to the best of my knowledge and belief and that I have withheld no material fact from NedNamibia Life Assurance Company Limited. Accepting that I am hereby curtailing the deceased's right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a policy related to this or any other proposal for insurance made by the deceased, or in respect of the deceased as Life Assured, I irrevocably authorise NedNamibia Life Assurance Company Limited to:

- To obtain from any person, whom I hereby so authorise and request to give, any information which NedNamibia Life Assurance Company Limited deems necessary to process this or any other related claim
- To share with other Insurers that information contained in this proposal or in any related policy or other document, either directly or through a data base operated by or for insurers as a group; and
- All information contained herein is to the best of my knowledge and belief both true and correct and that I have not withheld any information from NedNamibia Life Assurance Company Limited.

First Name(s)

Surname

Signed  at  on

Signature of witness  Name of witness

**4. FOR OFFICIAL USE | BANK STAFF DECLARATION**

Employee Number

I, [First name(s)]

(Surname)

declare that the above information is a true reflection of the information furnished by the claimant, and that the claim form has been completed in full and that all the requirements specified in the checklist accompany this claim form. All requirements are clear, legible documents and there are no evident alterations. I further declare that the claimant:

[First name(s)]

(Surname)

has identified him/herself by means of a valid ID document. ID no (copy attached)

Signed  at  Branch

on         at

# CREDIT LIFE

## POLICE DECLARATION IN THE EVENT OF UNNATURAL DEATH (CLA 1)

(IF APPLICABLE)



TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE DEATH OF THE DECEASED WAS REPORTED.

This certificate is required to substantiate a death claim under a policy issued by NedNamibia Life Assurance Company Limited and will be considered strictly confidential.

**1.** Name of deceased (in full)

(a) Date, time and place of death

(b) Magisterial district

**2.** Is there any suspicion that the deceased committed suicide?  Yes  No

**3.** Was the deceased involved in a motor vehicle accident?  Yes  No

If 'YES',

(a) i) Was the deceased a  driver,  passenger or  pedestrian?

ii) If the driver, did he/she hold a valid driving licence?  Yes  No

(b) i) Was a blood alcohol test done on the deceased?  Yes  No

ii) At the scene of the accident?  Yes  No

iii) At the time of the post-mortem?  Yes  No

(c) Result of blood alcohol test

Please attach a copy of the legal Post-mortem examination Report together with a copy of the Blood Alcohol Content Report.

**4.** Was the deceased involved in an assault?  Yes  No

(a) Was the deceased assaulted in the course of his/her duties?  Yes  No

(b) Was the deceased an innocent bystander?  Yes  No

**5.** Name of police station where death was reported

(a) Case reference number

(b) Investigating officer

**6.** If possible, provide a short description of the circumstances of the death:

Signed  at  on 

d	d	m	m	y	y
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*(Signature of Investigating Officer)* *(Place)* *(Date)*

Name and Rank

Tel no. (Work)

Cell no.

Fax no.

Official stamp

# CREDIT LIFE

## CONFIDENTIAL CERTIFICATE FROM MEDICAL ATTENDANT (CLA 10)



### TO BE COMPLETED BY THE MEDICAL DOCTOR OF THE DECEASED

This report is required to substantiate a death claim under a policy issued by NedNamibia Life Assurance Company Limited and will be considered strictly confidential.

Name(s) of Deceased

ID/Passport of Deceased

Date of death

### 1. CAUSE OF DEATH

The following questions apply only to the cause of death

Cause of death

Date the Deceased was first diagnosed with the illness/condition

Hospital of death

Nature of treatment and operation, if any


Abnormal physical findings


**IMPORTANT: Please attach copies of any X-Rays, Scans, ECG's, Lab reports, Specialist reports and/or your clinical records/reports**

Is there any other contributory illness?  Yes  No

If **YES**, kindly advise on the nature of the contributory illness


### 2. CONSULTATION HISTORY

Please state consultation history, relevant to cause of death: (i.e. medical advice, prescription of medicines, surgery, hospitalisation, physiotherapy, psychotherapy, radiotherapy, regular medical examinations with reference to follow-up purposes, etc.)

Date: From/To	Nature of illnesses, habits tendencies or events	Treatment and Medication prescribed	Advice to patient

Are you the deceased's usual medical attendant?  Yes  No

If **'Yes'**, how long have you attended him/her?  to

If **'No'**, who is his/her usual attendant?

Name and contact details of any other doctors/specialists/hospital referred to or consulted by the deceased prior to the inception of the Credit Life Policy as well as during the life-span of the Policy up until time of death.


Did the deceased use any alcohol or drugs, or smoke?  Yes  No

If **'Yes'**, provide details


## 2. CONSULTATION HISTORY (continued)

Has the deceased had any blood/HIV antibody tests  Yes  No

If 'Yes', give test date

d	d	m	m	y	y	y	y
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and results

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Has Infection by the Human Immunodeficiency Virus or the mutants, derivatives or variants thereof, including acquired immunodeficiency syndrome (AIDS or AIDS-related complex (ARC) been a contributing factor towards the death of the deceased?


Was a Post Mortem done? If 'Yes', please provide us with a copy  Yes  No

Was an inquest held? If 'Yes', please provide us with a copy  Yes  No

Are you aware of any factors with regard to previous illnesses, family history or habits which may have contributed to the cause of death?


Please state any other relevant facts which in your opinion may assist us in the assessment of this claim


**PLEASE INCLUDE COPIES OF ALL ECGs, TEST AND REPORTS THAT HAVE BEEN CONDUCTED**

## 3. DECLARATION BY MEDICAL ATTENDANT

Signed 

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 at 

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 on 

d	d	m	m	y	y
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Full names 

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Address  
Line 1 

--

  
Line 2 

--

  
Suburb 

--

  
Town 

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 Code 

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Practice no 

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 Tel no 

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**Note: Kindly complete and send directly to:  
The Claims Department NedNamibia Life Assurance Company Ltd, via email on \_\_\_\_\_ alternatively via postal service, P.O Box 1 Windhoek,  
Namibia. The fee of this medical report will be paid by NedNamibia Life Assurance Company Ltd according to the tariff laid down by the Namibian Medical and Dental Council.**