

FUNERAL PLAN

CLAIM FORM (CLA 2(B))



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

Original certified claim documents should be submitted to NedNamibia Life Assurance Company Limited ('NNLA') office directly or your nearest Nedbank branch. Although NNLA will start processing the claim on receipt of a copy of the claim documentation, any disbursement will only happen once the original certified claim documentation has been received by either NNLA or a Nedbank Branch.

CHECKLIST:

- A completed funeral claim form (CLA2(B))
- Original certified copy of the claimant's identity document.
- Original certified copy of the deceased's identity document. If the deceased is younger than 16 years, a full birth certificate will be required.
- Original certified copy of the death certificate.
- Proof of banking details of the claimant. Proof of ownership of the bank account into which the benefit is to be paid if this is not the nominated beneficiary's account.
- Original Police Declaration (Death) (CLA1) (if applicable)
- Original certified copy of the Burial Removal Certificate (as issued by the Ministry of Home Affairs)

We will only accept copies of documents that are 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
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
Occupation of Deceased	<input style="width: 100%;" type="text"/>		
Date of death	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Cause of death	<input type="checkbox"/> Natural <input style="margin-left: 20px;" type="checkbox"/> Unnatural
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 style="margin-left: 20px;" type="checkbox"/> Student <input style="margin-left: 20px;" 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
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
Work telephone no.	<input style="width: 100%;" type="text"/>		

1. DECEASED DETAILS (Continued)

Doctor's initials Doctor's 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

Funeral Parlour's telephone no.

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. PAYMENT DETAILS

Please ensure that all the details are correct. NedNamibia Life Assurance Company Limited accepts no responsibility if incorrect banking details are provided. For security reasons we only make payment directly into the beneficiary's bank account.

NO THIRD-PARTY PAYMENT WILL BE ALLOWED

Account Type Current Savings Transmission

Bank Branch

Account Number Branch Code

Accountholder's first name(s)

Accountholder's surname

Accountholder's ID/Passport

Accountholder's telephone no. Accountholder's cell no.

Signed at on

4. DECLARATION (To be signed by the Claimant)

I,

in my capacity as the claimant, declare and warrant that all statements and answers that may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure that materially affects the assessment of this claim will entitle NedNamibia Life Assurance Company Limited to declare this claim null and void. Accepting that I am thereby curtailing the deceased's right to 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 the insured life, I irrevocably authorise NedNamibia Life Assurance Company Limited:

- to obtain from any person, whom I hereby so authorise and request to give, any information that NedNamibia Life Assurance Company Limited deems necessary; and
- to share with other insurers that information and any information contained in this proposal or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by Nedgroup Life or by the operators of such database.

First Name(s)

Surname

Signed at Branch

on at

5. 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

FUNERAL PLAN

DECLARATION BY POLICE FOR DEATH (CLA 1)

(ONLY IN THE EVENT OF UNNATURAL DEATH)



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 Ltd 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

(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

(Signature of Investigating Officer) (Place) (Date)

Name and Rank

Tel no (Work)

Cell no

Fax no

Official stamp