

## CLAIM PROCESS

To whom it may concern,

The below documents plus the Accelerated Funeral Claim Form, correctly completed and signed, must be submitted to Stangen via [email](#), fax or in person.

Required documents to initiate the Accelerated Funeral Claim process:

The original or certified copies, signed by a commissioner of oaths, of the following:

1. The death certificate;
2. The insured's ID document;
3. Notification of death, form BI 1663 by the doctor who certified the insured's death;
4. [Statement of Police \(for Unnatural causes only\)](#);
5. Bank statements of the deceased stamped by the bank;
6. Bank statement of beneficiary stamped by the bank; and
7. ID document of beneficiary.

Kind regards,

Stangen Claims Team





**BANK DETAILS OF THE CLAIMANT / ESTATE**

Name of Bank	Branch Name																	
Account Number	Branch Code																	
Name of Account Holder		Account Type																
Signature of Account Holder	Date	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> </tr> </table>									Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D											

**DECLARATION AND AUTHORISATION BY THE CLAIMANT**

Policy Schedule Number

**Declaration**

I / we \_\_\_\_\_ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim.

I / we acknowledge that I / we fully understand the contents of this declaration.

**Authorisation**

I / we hereby authorise Stangen or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I / we further authorise Stangen or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I / we warrant that I am / we are legally entitled to the proceeds under this policy and that my / our estate(s) are solvent and have not been ceded or sequestrated.

Signed \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_\_