Stangen

Life Call Centre
Building A, Bryanston Corner, 18 Ealing Crescent
Bryanston, Johannesburg, 2021
Tel +27 (10) 020 7600 claims@stangenlife.co.za

DEATH CLAIM FORM (TO BE COMPLETED BY CLAIMANT)

PARTICULARS OF THE INSURED (Deceased) – Section A

Policy Number

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

ID Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone

E-mail address

Date of Death

Y Y Y Y M M D D

Detailed description of cause of death

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Details of all doctors who attended to the deceased during the 5 years preceding death:

A. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

B. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

C. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

Name of Medical Aid	Medical Aid Number
Name of Hospital	Hospital Ref. No.
Employer Name	Surname
Physical Address	
	Postal Code
Telephone (w)	Employee No.

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PARTICULARS OF THE CLAIMANT – Section B

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

In what capacity is this claim lodged (Beneficiary, Cessionary, Executor)?

ID Number / Passport Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone | Communication Preference | Post Fax e-mail

E-mail address

PARTICULARS OF CLAIM BY CESSIONARY

Title | Initials | Gender | First Names

Surname | Amount Claimed **R**

Signature | Date

Y Y Y Y M M D D

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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 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_____

The Standard General Insurance Company Limited "Stangen" Registration Number 1948/02901 1/06 (Authorised FSP. No 47235)
Non-Executive Directors DB Gibbon (Chairman), M Mthombeni, CC van der Meulen, CS Chemel **Executive Director** M Botha (MD)
Company Secretary CorpStat Governance Services (Pty) Ltd