MyLife

Death Claim Form - Funeral

Hollard life

Your claim will only be considered if every question has been completed in full.

The following must be included when submitting this form:

a. An original/certified copy of the printed Home Affairs death certificate (no unabridged death certificates will be accepted)
b. Certified copies of the ID documents of both the deceased and the claimant
c. Proof of the banking details of the claimant (e.g. cancelled cheque or bank statement)
d. A fully completed Hollard Life Death Claim Form by the police in the case of accidental death

Return the completed form and the above documents to LifeClaims2@hollardnam.com

Policy owner details

Section 1

Legal status ◯ Natural person ◯ Company ◯ CC ◯ Trust ◯ Other

Title | Initials | First names

Surname / Legal name | Date of birth (Y Y Y Y M M D D)

Former surname(s) | Gender ◯ Male ◯ Female

ID type ◯ Namibian ID ◯ Passport | ID / Reg No

Passport expiry date (If passport number supplied) (Y Y Y Y M M D D)

Nationality | Mobile number

Residential address

Email

Employer name

Source of income | Source of funds for this service

Details of deceased

Section 2

Full name

ID no.

Relationship between claimant and deceased (e.g. father/son)

Name of employer prior to death

Occupation prior to death

Claimant's details

Section 3

Full names

Surname

Identity number

Mobile number

Email address

Postal address

Residential address

Details of the death

Section 4

Date of death Y Y Y Y M M D D

Name of place of death

Contact number of place of death

Address of place of death

Provide full details of the cause of death ('natural causes' or 'unnatural death' is not acceptable – state the circumstances leading to death)

Date of funeral Y Y Y Y M M D D

Cemetery place of burial

Name of funeral parlour that directed the burial

Address of the funeral parlour

Contact number of the funeral parlour

Name of police station where death was reported

Police case number (where applicable, e.g. unnatural causes)

Name of the investigating officer

Contact number of the investigating officer

Name of medical attendant who certified the death

Address of the medical attendant

Contact number of the medical attendant

Declaration by claimant

Section 3

I declare that the statements above are true and complete. In the event that this claim or any supporting documentation is found to be fraudulent, Hollard Life reserves the right to proceed with the appropriate action against me.

I further authorise any medical attendant or any other person who has attended to the life insured, or any hospital or other institution that has medical information about the life insured, to disclose this information to Hollard Life.

Signature

Date Y Y Y Y M M D D

Identity Verification

(To be completed by Broker/Hollard representative)

Section 5

Claimant assured name

Claimant assured ID/Passport number

Policy owner name

Policy owner ID/Passport number

I, the undersigned, have identified the person named above to the best of my ability, for and on behalf of the Insurer, and have viewed and taken copies of authentic, reliable, independent source documents (as annexed hereto). By signature hereto, I do not bind myself and/or my employer to any liability arising from or attributable to this acknowledgement.

Name (Broker/Hollard Representitive):

Signature

Copy of ID (front and back) or Passport to be attached to this form