

Grayston 66  
2 Norwich Close  
Sandton



PO Box 781687  
Sandton  
2146

**FUNERAL CLAIM FORM**  
*(Please Print)*

<b>SECTION 1: PARTICULARS OF MEMBER</b>	
Name of Fund:	
Name of Participating Employer:	
Funeral Scheme:	
Surname:	
Full First Name(s):	
ID Number/Passport Number:	
Date of Birth:	
Employee Company Reference Number:	
Union Membership Number:	
Date Joined Funeral Scheme	
Region	

<b>SECTION 2: DETAILS OF DECEASED</b>	
Surname:	
Full First Name(s):	
Date of Birth:	
ID Number/Passport Number:	
Date of Death:	
Marital Status:	
Who passed away (e.g. Member, Spouse, and Child)?	
Specific Cause of Death ( <i>Accident or Illness</i> )	
Amount Payable	

<b>SECTION 3: CONTACT DETAILS</b>		
3.1.1. Name of Claimant:		
3.1.2. Telephone Number of Claimant:	3.1.3. Cellphone/Other of Claimant:	
3.2.1. Name of Administrator Competing Claim Form:		
3.2.2. Telephone Number of Administrator:	3.2.3. Cellphone/Other of Administrator:	

<b>SECTION 4: ATTACHED FORMS (PLEASE TICK)</b>			
<b>No.</b>	<b>Document</b>	<b>Attached</b>	<b>To Follow</b>
4.1.	Originally Certified copy of Death Certificate		
4.2.	Originally Certified Copy of Identity Document/Passport or Birth Certificate of Deceased		
4.3.	Originally Certified copy of Proof of marriage (only for spouse's death)		
4.4.	Originally Certified copy of Proof of still-birth (only for still-born death)		
4.5.	Originally Certified copy of Proof of studying at a recognized institution on a full-time basis at time of death (only for death of child aged 22 – 26)		
4.6.	Originally Certified copy of Affidavit declaring parenthood (only for death of child)		
4.7.	Originally Certified copy of Proof that child is mentally or totally and permanently physically handicapped (only for the death of a child over 21 years, if child is not a full time student)		
4.8.	Proof of Banking Details		
4.9.	Last payslip		
4.10.	Proof of funeral advance (applicable if Employer advanced funeral benefit payment)		

**Please Note:** Should the need arise; SA Quantum Risk reserves the right to request additional documentation and/or information other than that listed above.

<b>SECTION 5: BANK DETAILS FOR PAYMENT</b>	
<b>SECTION (A): Complete if Payment needs to be made to the Claimant</b>	
Name of Account Holder:	<input type="text"/>
Name of Bank:	<input type="text"/> Branch Code: <input type="text"/>
Name of Branch:	<input type="text"/>
Bank Account Number:	<input type="text"/>
Type of Account: (Savings/Current/etc)	<input type="text"/>
Amount:	<input type="text"/>
<b>SECTION (B): Complete if Payments needs to be made to any other Account</b>	
Name of Account Holder:	<input type="text"/>
Name of Bank:	<input type="text"/> Branch Code: <input type="text"/>
Name of Branch:	<input type="text"/>
Bank Account Number:	<input type="text"/>
Type of Account: (Savings/Current/etc)	<input type="text"/>
Amount:	<input type="text"/>
<b>SECTION (C):</b>	
<b>Declaration of Claimant</b>	
I, _____ declare that I understood the contents of Section 5.	
_____	_____
Signature of Claimant	Signature of Witness
Signed at _____ this _____ day of _____ year _____	

Please note that neither SA QUANTUM EB-RISK nor the Insurer will be held responsible for any errors in the above information

**SECTION 6: DECLARATION**

**6.1. Members Declaration (Dependant's Funeral Claim only)**

I, \_\_\_\_\_ (please print), a Member of the above Scheme, declare that all the information provided above is true and correct.

*I am aware that the relevant bank account in Section 5 will be credited with the funeral benefit within two working days of receipt of this form together with all the relevant original certified supporting documents detailed in Section 4.*

\_\_\_\_\_  
Signature of Member

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

**6.2. Beneficiary's Declaration (Member's Funeral Claim only)**

I \_\_\_\_\_ a relative in the capacity of \_\_\_\_\_ (spouse, parent etc)

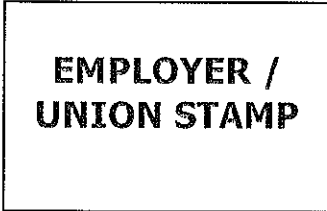
of the deceased \_\_\_\_\_, accept payment of the Funeral Benefit & further declare that such benefit will be used towards the funeral costs of the deceased.

*I am aware that the relevant bank account in Section 5 will be credited with the funeral benefit within two working days of receipt of this form together with all the relevant original certified supporting documents detailed in Section 4.*

\_\_\_\_\_  
Signature of Beneficiary

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

**SECTION 7: EMPLOYER OR UNION DECLARATIONS**



\_\_\_\_\_  
Signature of Employer or Union Representative

I, \_\_\_\_\_ (please print), as representative of the above Employer/Union in the capacity of

\_\_\_\_\_ (print designation), declare that the above information is true & correct

to the best of my knowledge.

The information supplied in this form supported with the documents detailed in Section 5 will be used to process Funeral Claims.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

**SECTION 8: CLAIM PROCEDURE**

This claim form together with all relevant documents in Section 4 are to be faxed to:

The Funeral Claims Manager: SA QUANTUM EB-RISK :

Fax No. : 0866809022

E-mail: [riskadmin@saquantum.co.za](mailto:riskadmin@saquantum.co.za)

The original documents should then be forwarded to: The Claims Manager, SA Quantum Risk, PO Box 781687, Sandton, 2146 for payment