Sanlam

Life Insurance

Family Funeral Death Claim Form

Basic Requirements

 Original or Certified copy of Death Certificate Or Medical Certificate of the Cause of Death Burial Permit The Deceased's NRC Note: Sanlam reserves the right to request any additional docu proof of death has not been submitted, this may lead to delays 	
Policy Number: Policy Number: Benefit Type: Main Life Assured Spouse Child RELATIONSHIP TO POLICY HOLDER	Main Life Assured: Parent Wider Family
TO BE COMPLETED BY THE CLAIMANT (OF	PERSON SO AUTHORISED)
1. Particulars of the Deceased Surname:	
Place of Birth:	
NRC Number:	
* Address of deceased:	
Telephone Number:	
* Occupation:	
Employer (or School if student):	
Work (School Address) Address:	
Telephone Number:	
Exact Cause of Death:	* Date of Death: YYYYMMDD
* Place of Death:	
When was the Policy accepted by Sanlam ? Date: Y	YYYMMDD
* Denotes Compulsory Field	

Sanlam Life Insurance Zambia Limited

Zenera House, Corner Lagos and Lubuto Road P.O Box 31991, Lusaka, Zambia



2. Particulars of Claimant

Surname:	Male Female
Full Name:	Date of Birth: YYYYMMDD
NRC Number:	
Residential Address:	
Telephone Number:	
Occupation:	Employer:
Work Address:	
Telephone Number:	
3. How would you like premium being paid please tick your option:	for the deceased to be treated,
Delete Premium Take Premium into Investment Account	Add another Life

NB: Premium can only be deleted subject to the minimum premium requirement on the policy. If adding another life complete part C of page 4 of this form.

4. Payment Details

Account Number:		

Name of Bank and Branch: ____

5. Declaration

I/We further declare that the above statements and answers to the above questions are true and full, that I/We have withheld no material information and that I/We undertake to furnish any documentation which may be required by Sanlam. I/We expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who knew or attended or examined the deceased, or any institution in which the deceased was known or received treatment, to disclose any knowledge or information which was thereby acquired and I authorise all such persons or agencies to furnish any information in their possession to Sanlam.

1	1
2	2
Signature(s) of claimant(s)	Witnesses



Names: ____

vvitile	3363		
Date:	YY	YY	

Tick Box

Remarks by Branch Representative:





OFFICE USE (STRICTLY CLAIMS OFFICIALS)

Documents Submitted	
Death Certificate Pay slip	Birth Certificate Marriage Certificate
Proof of Bank NC Deceased I.D	Claimant I.D Affidavit
Completed by:	
Premium Payment	
Monthly Premium: K	Payor:
Month First Premium Paid:	Month Last Premium Paid:
Does the deceased's age match with that on Policy?:	
Amount of outstanding Premium (see part B on page 4 overleaf):	К
Remarks:	
Completed by:	Date: DDMMYYYY
First Signatory: I have verified and approved this claim.	Final Signatory: I have verified and approved this claim.
Signature:	Signature:
Date: DDMMYYYY	
Claim Discharge	
Cheque No	Amount: K
Claimants Signature on collection of cheque:	Date: DDMMYYYY
Thumb Print:	
(
Our Service Standard	
On receipt of the full documentation, we will immediately pay Service Centres or at our head office, provided the beneficiarie sufficient verification has been obtained to confirm that the in	



Part B

Calculation of Outstanding Premium:

a) Escalation Amount:	
No. of months	Amount Due: K
b) Monthly Premium Amount:	
No. of months	Amount Due: K
c) Monthly Premium Underpayment: K	
No. of months	Amount Due: K
d) Total Premiums outstanding (a+b+c): K	

Part C

The Customer Services Manager Sanlam Life Insurance Zambia Limited P.O. Box 31991 Lusaka

Dear Sir/Madam,

RE: POLICY CHANGES

Please make the following changes to my policy ZM1V

Additions	Surname	First Names	Date of Birth	Relationship
1				
2				
3				
4				
Deletions	Surname	First Names	Date of Birth	Relationship
1				
2				
3				
3				

