

FUNERAL POLICY CLAIM FORM

829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
Telephone: 010 021 0260 | Email: claims@curaadmin.co.za

Compliance Office: Moonstone Compliance (Pty) Ltd

We care that the claims process is seamless. If you need any assistance submitting your claim or any advice, please call our friendly customer service consultants at telephone no: 010 021 0260. Please always consult your broker if in doubt. All required relevant documents must be submitted to us within 12 Months after the event date. Claims can be emailed to claims@curaadmin.co.za

Documents Required:

- Cura Administrators claim form completed and signed by an authorised beneficiary;
- Certified copy of BI-1663 form / death registration form (Pages 1 to 3);
- Certified copy of a cancelled ID
- Certified copy of the nominated beneficiaries' ID
- Proof of banking details
- Police report in case of an unnatural death (this may cause a delay in payment of the claim)
- Death certificate.
- Any other documents, as required by the Insurer in its sole discretion.

POLICY DETAILS

Cura Policy

Cura Policy Number

MAIN MEMBER DETAILS

Full Name

Surname

ID/Passport Number

Phone Number

Email Address

BENEFICIARY DETAILS (if not the main member)

Full Name

Surname

ID/Passport Number

Phone Number

Email Address

Relationship to deceased

BANK ACCOUNT DETAILS

Name of Account
Holder

Name of Bank

Account Number

Branch Name

Branch Code

Type of Account

Current Account

Transmission Account

Savings Account

Other

Signature as used for operating
on the account

Date

DECEASED MEMBER/S DETAILS

Member/s being claimed for

Name	ID no./date of birth	Relationship to main member
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I declare that the information provided is true and correct.

Claimant's signature

Date

It's a crime to knowingly provide false, incomplete or misleading information to an insurance company. Penalties include imprisonment, fines and denial of the insurance benefit.

DECLARATION

I, _____ declare that to the best of my knowledge, all the information that I've given in this claim form is accurate and complete and that I haven't withheld any information which could influence the decision on this claim. I further declare that I understand that my failure to disclose relevant information in respect of this claim could invalidate the claim. I acknowledge that I fully understand the contents of this declaration.

Claimant's signature

Date

AUTHORISATION

I hereby authorise King Price Life Insurance Limited or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that could be necessary to investigate this claim. I further authorise King Price Life Insurance Limited or any of its representatives to release any information relating to this claim to any other interested parties that it deems necessary in respect of this claim.

I warrant that I'm legally entitled to the proceeds under this policy and that my estate is solvent and hasn't been ceded or sequestrated.

Claimant's signature

Date

