

INSURANCE CLAIM FORM FUNERAL BENEFIT COVER

TO SUBMIT A CLAIM, QUERY, OR FOLLOW-UP ON A CLAIM, OR TO PROVIDE US WITH ADDITIONAL REQUIRED DOCUMENTATION, YOU CAN CONTACT US IN ANY OF THE FOLLOWING WAYS:

1. CALL THE INSURANCE CALL CENTRE ON **0800 243 675** TOLL FREE,
2. EMAIL US AT **CLAIMS@MONARCHINSURANCE.CO.ZA**, OR
3. VISIT THE NEAREST LEWIS STORES. (Branch to use 'Scan to Email', shortcut number 09, Monarch Claims).

PLEASE COMPLETE THE BELOW SECTIONS IN FULL TO AVOID UNNECESSARY DELAYS IN THE REVIEW OF YOUR CLAIM

DATE: YYYY / MM / DD

POLICY NO.: _____

A. POLICYHOLDER / CLAIMANT DETAILS

NAME AND SURNAME: _____ I.D. NO.: _____

EMAIL: _____ CONTACT CELL NO: _____

ALTERNATIVE CONTACT NO: _____

RESIDENTIAL ADDRESS: _____

B. DETAILS OF DECEASED

1. PLEASE COMPLETE THE BELOW TABLE TO WHICH THE CLAIM FORM PERTAINS TO:

NAME AND SURNAME	I.D. NUMBER	DATE OF DEATH	CAUSE OF DEATH
POLICYHOLDER		YYYY / MM / DD	REFER TO SECTION F
SPOUSE		YYYY / MM / DD	REFER TO SECTION F
CHILD DEPENDENT 1		YYYY / MM / DD	REFER TO SECTION F
CHILD DEPENDENT 2		YYYY / MM / DD	REFER TO SECTION F
CHILD DEPENDENT 3		YYYY / MM / DD	REFER TO SECTION F
CHILD DEPENDENT 4		YYYY / MM / DD	REFER TO SECTION F

2. DID THE POLICYHOLDER PAY FOR FUNERAL BENEFIT COVER WITH ANOTHER INSURER WITHIN THE LAST CALENDAR MONTH PRIOR TO ACCEPTING OUR FUNERAL BENEFIT COVER? (PLEASE ATTACH A RECENT COPY OF THE POLICY TO THE CLAIM FORM):

YES

NO

3. RELATIONSHIP DESCRIPTION TO THE POLICYHOLDER: (WHERE THE BENEFICIARY IS NOT A CO-INSURED AS PER SECTION 5 OF THE POLICY SCHEDULE):

C. BANK ACCOUNT DETAILS INTO WHICH POLICY BENEFIT WILL BE PAID

NAME OF ACCOUNT HOLDER: _____

BANK NAME: _____ ACCOUNT NO: _____

ACCOUNT TYPE: (please mark (x) the applicable type.)

SAVINGS

CURRENT

TRANSMISSION

D. DECLARATION BY CLAIMANT

I, the undersigned declare that the information I have given above is true and correct. I realise that any information found to be false herein will invalidate my claim. I consent to Monarch Insurance Company and any other person/s and/or service providers appointed by Monarch Insurance seeking information about this claim from any source it considers appropriate, and I authorise the providing of such information.

Should any benefits be payable to me, I, authorise Lewis Stores (Pty) Ltd to pay the benefits into the above account and release Lewis Stores and Monarch Insurance from any responsibility and / or further claims from this policy, if payment is made into an incorrect bank account that I gave.

I further acknowledge and understand that the full and final settlement paid into the above account will only be finalised after I have returned a signed and completed claim release form.

YYYY / MM / DD

DATE

SIGNATURE OF CLAIMANT

E. IF AN EVENT OCCURS THAT MAY RESULT IN A CLAIM YOU MUST PROVIDE US WITH THE FOLLOWING DOCUMENTATION:

- A clear, certified copy of the Policyholder's and/or spouse's I.D,
- If death is caused by Accident, we may require:
 - A police incident report,
 - A road traffic Accident or other Accident report (if the cause of death/disability was as a result of a motor vehicle accident),
 - A full post-mortem report, and/or A body identification form, and
 - Fully completed police report.
- Proof of bank account into which the claim will be paid which could include one of the following:
 - Bank Statements stamped by the bank, or
 - An Account Confirmation Letter from the bank.

Please note that the Statement / Letter must not be older than 3 months from the date when the claim is submitted.
- The following death reports can be obtained and provided to support your claim:
 - Certified Death Certificate issued by the Dept. of Home Affairs,
 - Certified copy of the Notification of Death (form no. BI/DHA 1663) - completed by an official who is reporting the death,
 - Certified Death Report (form no. BI/DHA-1680) - available from the Dept. of Home Affairs after a death has been reported and registered.
- If You had Funeral Benefit cover with another insurer within the last calendar month prior to accepting Our Funeral Benefit Policy we require a copy thereof.

Should we require additional information from you in order to complete the assessment of your claim we will communicate this to you with an SMS and/or email and/or telephone call.

Always ensure that any change in your details is immediately communicated to your Claims Assessor (e.g.: Change in your residential address or the contact information of you or the nominated beneficiary indicated in the claim).

WHAT TO EXPECT:

- We will send you a notification with your claim reference number once we have received your claim.
- Once we have confirmed that we have all the necessary information we will start with the assessment.
- We will send you progress updates on the assessment of your claim as well as the outcome of the assessment.
- Failure to observe the above requirements may result in delayed claims assessment or the rejection of the claim.
- Approved claims will be paid into the verified bank account of the Beneficiary or the deceased estate (if applicable).

F. DEATH CAUSE DESCRIPTIONS

Natural Causes	/	Tuberculosis	/	Murder	/	Undetermined	/	Heart
Aids	/	Suicide	/	Cancer	/	Accident	/	Drowning