



HOPECARE
H O L D I N G S
enabling constant

CLAIM FORM

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AFRICAN UNITY
L I F E

NAME OF GROUP SCHEME:
HOPECARE FUNERALS

All Policies Administered and Underwritten by African Unity Life is an authorised Financial Services Provider, FSP No. 8447

1: DETAILS OF THE SCHEME

Scheme Name		Scheme Code	
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2. DETAILS OF THE PRINCIPAL INSURED

Title		Surname	
Full Names			
I.D. Number			Policy No

3: DETAILS OF THE DECEASED

Title		Surname	
Full Names			
I.D. Number			D.O.B DD MM YY / /
Principal Member	Spouse	Common law spouse	Child Student Extended Family Member
Entry Date	Date of Death	Cause of Death	Natural Unnatural Suicide
Indicate the Type of Claim & Claim Amount	Funeral	Credit Life	Benefit Amount R

4: DETAILS OF NOMINATED BENEFICIARY (as per application form)

Surname			
I.D. Number			Contact Number
Relationship to the principal member			

5: COMPLETE THIS SECTION IF THE NOMINATED BENEFICIARY AUTHORIZES THE PAYMENT OF THE CLAIM TO A 3RD PARTY

I, the above nominated beneficiary, hereby appoint the 3rd party below as the new beneficiary to receive the full benefit due in respect of the claim lodged above. I also hereby indemnify African Unity Life against all/any claim by any party for any benefit or money, loss of damages incurred or suffered, in respect of, or caused by any representation made by me to African Unity Life and/or the payment by African Unity Life to the below mentioned beneficiary of any claim in respect of the claim lodged.

Surname		Name	
I.D. Number/DOB		Contact Number	
Relationship to the Principal Member			
Name of entity (e.g. funeral parlour)		Registration No.	

Signature of nominated beneficiary giving the above authorisation to the new 3rd party

Signature		Date	
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6: BANKING DETAILS OF THE NOMINATED BENEFICIARY TO RECEIVE THE BENEFIT

Account Holder Name										Bank				
Please provide your correct Bank Account Number										Branch Code				
Type of Account	Cheque		Savings		Transmission		Other		Specify					

7: POLICY CONTINUATION / CANCELLATION OPTION (if applicable)

Note: If the claim is for the Principal insured, the surviving spouse has the option to continue with the policy. Please indicate the option chosen														
Continue with the Policy		Yes		No		If "Yes" please confirm the name and surname of the spouse who will take over the policy								
Surname					Name									
I.D. Number/DOB													Contact Number	