



TD Administrative Services (Pty) Ltd  
 Reg No 2014/090534/07  
 An authorised financial service provider (FSP 7379)  
 Tel: 086 111 2348  
 E-mail: claims@tdas.co.za  
 Unit 1, Coram Park  
 86 Ferero Avenue  
 Randpark Ridge, 2169  
 www.tdas.co.za

## ALL IN ONE CLAIM FORM

<b>POLICY NUMBER:</b>		<b>Date of Death:</b>	
<b>Type of Claim (v block)</b>	<b>Funeral</b>	<b>Member</b>	<b>Spouse</b>
	<b>Life</b>	<b>Member</b>	<b>Spouse</b>

**Main member details:** \_\_\_\_\_ Date joined scheme \_\_\_\_\_

Full name of member: \_\_\_\_\_

Employee Number \_\_\_\_\_ Division \_\_\_\_\_

Identity Number: \_\_\_\_\_

**Deceased's details (if the deceased is not the main member)**

Full name of deceased: \_\_\_\_\_

Relationship to main member: \_\_\_\_\_

Identity Number: \_\_\_\_\_

**Claimants details (if the claimant is not the main member)**

Full name of claimant: \_\_\_\_\_

Relationship to main member: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Contact Telephone _____ Documents attached: <input checked="" type="checkbox"/> Member's ID <input checked="" type="checkbox"/> Death certificate (computerised) <input checked="" type="checkbox"/> Deceased's ID (if not main member) <input checked="" type="checkbox"/> Police report (accidental death only) <input checked="" type="checkbox"/> ID of claimant (beneficiary – if not member) <input checked="" type="checkbox"/> Confirmation of banking details for beneficiary (front page of a bank statement / bank letter) <input checked="" type="checkbox"/> B1 1663 (front page) <input checked="" type="checkbox"/> Copy of payslip for month of death or paid up certificate	Contact Email _____ <b>Payment details:</b> Bank: _____ Branch: _____ Branch Code: _____ Type of account: _____ Account Number _____ Account name: _____
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**Note – All copies of Identity Documents and the Death Certificate must be certified and must state that they are true copies of the originals. If the ID is a smart card then copies of both the front and the back of the card must be submitted**

**If this claim is in respect of the main member of the policy, and the spouse and/or dependants wish to continue with cover, please contact our office within 30 days of the date of death in order for us to advise what options are available.**

No payment will be made in favour of a third party. We do not take responsibility if incorrect bank details are given.

**Declaration:**  
 I understand that the administrator has the right to request additional documents they regard as necessary for verification and that incomplete details may cause delays. All statements and answers I have given or will give in connection with this claim are true and complete. I understand that if I have given wrong information or failed to give information that materially affects the assessment of this claim, this claim may be declared null and void. Payment of this claim will be full and final settlement of all liability by Hollard Life Assurance Company in respect of the deceased under this policy.  
 Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

**Underwritten by:**

Hollard Group Risk, a division of the Hollard Life Assurance Company (Reg. No 1993/001405/06), a Licensed Life Insurer and Authorised Financial Services Provider (FSP No. 17697)  
 TD Administrative Services (Pty) Ltd (Reg. No 2014/090534/07) is an authorised Financial Services Provider (FSP 7379), and is acting as a non mandated intermediary on behalf of Hollard Life Assurance Company Limited (Registration Number 1993/001405/06), the Insurer of this policy, in terms of an agreement between the parties entered into as required in terms of section 49 A of the Long Term Insurance Act No 52 of 1998. TD Administrative Services performs binder and administrative functions. Fees charged for these functions in respect of this policy are 10.05% of gross premium to perform admin functions and 17.86% of gross premium to perform binder functions.