



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

FUNERAL CLAIM FORM

POLICY NUMBER:	Date of Death:
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Main member details:

Full name of member: _____
 Identity Number:

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 Date of joining scheme: _____

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

Full name of deceased: _____
 Relationship to main member: _____
 Identity Number:

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

Full name of claimant: _____
 Relationship to main member:

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 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)	Contact Email: _____ Payment details: 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.

For security, payment must be made directly into your bank account. No payment will be made in favour of a third party. We do not take responsibility if incorrect bank details are given.

Note: Only original or certified copies of documents will be accepted.

Declaration:

I understand that the administrator has the right to request additional documents they regard as necessary to verify the claim. I understand that incomplete details may cause delays and may be requested again later. 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, the insurer, Hollard Life Assurance Company, will have the right to declare this claim 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.