



DEATH CLAIM FORM

Contract number

Adviser code


Submitting a claim on WhatsApp is quicker and easier than ever before!

1. Save 0860 933 333 as a contact on your phone
2. Open WhatsApp, go to the Old Mutual contact and send "Hi" as a message
3. Follow the message on the screen and choose your option

Or scan this QR code to submit a claim on WhatsApp in less than 5 minutes

IMPORTANT NOTES

- Premiums need to be paid to ensure that cover continues for any remaining insured persons.
- Old Mutual may request additional requirements depending on the nature of the claim.

CONTACT US

contactus@oldmutual.com

0860 222 274

PO Box 4512, Cape Town, 8000


DOCUMENTS REQUIRED

Old Mutual can only consider a claim when we receive this form AND the following documents, marked with the contract number and adviser code where applicable:

- | | |
|--|--|
| <input type="checkbox"/> Death Claim Form (THIS FORM) completed by contact person | <input type="checkbox"/> Notification of Death/Stillbirth (DHA1663) |
| <input type="checkbox"/> Beneficiary Claim Form Funeral OR Beneficiary Claim Form Other
<i>(A separate form must be completed by each beneficiary)</i> | <input type="checkbox"/> A certified copy of the Death Certificate |
| <input type="checkbox"/> Declaration by police (if a non-natural death) | <input type="checkbox"/> A certified copy of the deceased person's ID |

Email all required documents to contactus@oldmutual.com


DECLARATION OF HONESTY

I, confirm that all the information provided on this form is true and correct.

I give Old Mutual consent to confirm the information provided with any other source.

By signing this declaration of honesty, I acknowledge that submitting a false claim is a criminal offence and can result in heavy fines or other penalties.

Contact person's signature

Date

Mark the tick boxes displayed at the end of each page as you complete each section, to ensure that you have provided all the required information to submit your claim successfully.



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PROTECTION OF PERSONAL INFORMATION

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please sms your ID number to 30994 if you would prefer not to receive such information and/or financial services.

The Old Mutual Group may use, share or obtain your personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including your identity, address and banking details)
- Updating your personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Debt tracing or debt recovery
- Tracing you where you are uncontactable
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree, this application for cover will not be processed. You may access your personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

- www.justice.gov.za/infereg/index.html
- General enquiries: enquiries@inferegulator.org.za
- Complaints: popiacomplaints@inferegulator.org.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za



SECTION 1 CONTACT PERSON'S DETAILS

Title: Mr Ms Mrs Other Initials

Surname

First name(s)

Previous surname (if applicable)

ID/Passport/Institution registration number Date of birth

Physical address

Nationality/Country of birth/Legal entity country of incorporation

Relationship to the deceased: Family member Executor of estate Other (please describe)

Contact details

Telephone (Work) Code No.

Telephone (Home) Code No. Cellphone number

Email address

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SECTION 1
Contact person's details



SECTION 2
Deceased's details



SECTION 3
Medical information



SECTION 4
Medical history



SECTION 5
Funeral parlour information



SECTION 6
Employer's information



SECTION 7
Insurance information (risk benefit)



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SECTION 2 DECEASED'S DETAILS

Title: Mr Ms Mrs Other Initials

First name(s)

Surname

Previous surname (if applicable)

ID/Passport number Income tax number

Date of death

D	D	M	M	Y	Y	Y	Y
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Cause of death: Natural (i.e. old age or illness) Unnatural Under investigation

Please provide more information about the cause of death.

Did the deceased commit suicide? Yes No



SECTION 3 MEDICAL INFORMATION

Was the deceased a member of a medical aid? Yes No

Name of medical aid

Member number

Main member's name

Contact number

Email address

Please provide the name of the medical practitioner/hospital who certified the death.

Name (medical practitioner/hospital)	Contact person	Contact number	Email address



SECTION 4 MEDICAL HISTORY

Please provide the names and addresses of the deceased's house doctor and any other doctor, hospital or clinic where the deceased received medical attention.

Full name (medical practitioner/hospital)	Telephone number/email address	Medical reason	Date of medical attention

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SECTION 5 FUNERAL PARLOUR INFORMATION

Funeral parlour's name	<input type="text"/>
Contact person	<input type="text"/>
Physical address	<input type="text"/>
Email	<input type="text"/>
Contact number	<input type="text"/>



SECTION 6 EMPLOYER'S INFORMATION

Employer's name	<input type="text"/>
Contact person	<input type="text"/>
Email	<input type="text"/>
Contact number	<input type="text"/>



SECTION 7 INSURANCE INFORMATION (APPLICABLE TO RISK BENEFITS ONLY)

Was the deceased insured with any other company? Yes No

If "Yes", complete details below.

Company name	Contract number



NEXT STEP: SEND US ALL REQUIRED DOCUMENTS

Once you have **(i)** completed all required details and documents, and **(ii)** have signed this form, **(iii)** send all required forms to Old Mutual using email contactus@oldmutual.com

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