



**NICO  
General**

associated with  Sanlam group

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## FUNERAL INSURANCE CLAIM FORM

1. Details of the Policyholder

- i) Name \_\_\_\_\_  
ii) Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
iii) Policy No.: \_\_\_\_\_

2. Details of the Deceased Person

- i) Name: \_\_\_\_\_ Employee No. \_\_\_\_\_  
ii) Date of Birth: \_\_\_\_\_  
iii) Place of Death: \_\_\_\_\_ District: \_\_\_\_\_ Hospital: \_\_\_\_\_  
iv) Death Certificate No. \_\_\_\_\_  
v) Name of Doctor Certifying Death: \_\_\_\_\_

3. Details of Claim

Amount: \_\_\_\_\_

4. Declaration

I / We \_\_\_\_\_ declare that the foregoing particulars are true in every respect.

\_\_\_\_\_  
Signature on Behalf of the Insured

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date

**NB**

1. Claim settlement is within 48 Hours of receipt of this form by the Company.
2. The company reserves the right to call for any document which it may deem fit in dealing with this claim.