

CLAIM FORM: DEATH

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DEATH CLAIM FORM

SECTION A : DETAILS OF INSURED

Title																										
Full Names & Surname																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Policy Number																	
ID Number																										
Date of Death	D	D	M	M	Y	Y	Y	Y																		

SECTION B : NOMINATED CREDIT PROVIDER DETAILS (if applicable):

Credit Provider																									
Loan Agreement Account Number																									
Outstanding Balance	R																								
Credit Provider Contact Person Name & Surname																									
Credit Provider Contact Person Contact Details																									

CREDIT PROVIDER BANK ACCOUNT DETAILS (if applicable):

Credit Provider																									
Bank Account Number																									
Branch Code																									
Bank																									
Account Type																									

SECTION C : DETAILS OF PERSON COMPLETING THIS FORM:

Title																										
Full Names																										
Email Address																										
Postal Address																								Code		
Cellular Number																										
Work Number																										
Signature																										
Date	D	D	M	M	Y	Y	Y	Y																		

SECTION D : NOMINATED BENEFICIARY:

Full Names & Surname																												
ID Number																												
Contact Details	Cell											Home											Work					
Bank Name																Branch Code												
Account Number																												
Amount Payable	R																											

SECTION E : SUPPORTING DOCUMENTATION REQUIRED:

- Death Claim Form and BI 1663 A
- Copy of Loan Contract (if applicable)
- Copy of Kepler Risk Services Policy Certificate
- Client/Borrower Statement from your Loan Management System (if applicable)
- Copy of Policyholders (Deceased's) Identity Document (**Document must be certified by Police or any Commissioner of Oath**)
- Copy of Death Certificate (**Document must be certified by Police or any Commissioner of Oath**)
- If the claim event is due to unnatural causes, please include the Police Report.
- Copy of Beneficiary's Identity Document (**Document must be certified by Police or any Commissioner of Oath**)
- Proof of Beneficiary's Bank Account