



## DEATH CLAIM FORM

### POLICYHOLDER DETAILS

|                  |  |                |  |
|------------------|--|----------------|--|
| Policyholder     |  |                |  |
| Policy Number    |  | Cell Number    |  |
| Email            |  | Tel Number (W) |  |
| Business Address |  |                |  |
|                  |  | Code           |  |

### DECEASED DETAILS

|   |   |               |  |
|---|---|---------------|--|
| Full name of the deceased                           |   |               |  |
| ID No   | (please attach a certified copy of the ID)  | Date of Death |  |
| Name of the person submitting the claim             |   |               |  |
| What is your relationship to the deceased           |   |               |  |
| What is your relationship to the Main Policy Holder | (Please attach necessary document as proof) |               |  |
| Name of the deceased's usual Clinic or Hospital     |   |               |  |
| Name of the deceased's usual Doctor                 |   |               |  |

### DETAILS OF INCIDENT

If a motor accident occurred, please attach a copy of the road traffic collision report

|  |  |                  |  |
|--|--|------------------|--|
| Date of incident   |  | Time of incident |  |
| The incident occurred where  |  |                  |  |
| Tel. No of the Police Station  |  |                  |  |
| Name of Police Station where the incident was reported   |  |                  |  |
| Please state the CAS No. as provided by the Police Station:  |  |                  |  |
| <b>Please provide the name and contact details of the Investigating Officer Handling this case</b> |  |                  |  |
| Name of Officer  |  |                  |  |
| Contact details of Officer   |  |                  |  |
| <b>Please describe as fully as possible how the incident happened</b>                              |  |                  |  |
|  |  |                  |  |
|  |  |                  |  |
|  |  |                  |  |

### PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

# ONE

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

## DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation

Please attach copies of the following documents:

- Certified copy of the deceased's Identity document
- Certified copy of the death certificate
- Certified copy of the post-mortem (motor vehicle accident)
- Certified copy of the inquest report, to include witness statements (motor vehicle accident)
- Copy of the Accident Report (AR) (motor vehicle accident)
- Police (CAS) reference and police station the case was reported to if subject to criminal investigation