

# Funeral Plan

## Claim Form

### POLICY HOLDER PERSONAL INFORMATION

Surname	
First Name	
Date of Birth	
ID number of Insured	
Contact Number - home/work	
Contact Number - mobile	
Postal address	
Email address	

### DECEASED DETAILS

Surname	
First Name	
Date of Birth	
ID number of Deceased	
Relationship to main policy holder	
Date of Death	
Cause of Death	
Name and Surname of Doctor who attended to Deceased	
<b>Accidental Death</b>	
Police case no	
Police station investigating death	
Name & Contact no of Investigator	

# Funeral Plan

## Claim Form

BENEFICIARY DETAILS	
Beneficiary Name and Surname	
Beneficiary ID	
Beneficiary relationship to Deceased	
<b>Beneficiary Bank Details</b>	
Bank Name	
Name of Account Holder	
Branch name and code	
Type of Account	<input type="checkbox"/> Mark with X <input type="checkbox"/> SAVINGS ACC <input type="checkbox"/> CURRENT ACC
Please submit a certified copy of your bank statement together with this claim form	

IMPORTANT: DOCUMENTS TO BE SUBMITTED
Completed and signed Claim Form
Death Certificate certified
DHA 1663 form – Notice of Death Form
ID of Deceased certified
ID of Beneficiary certified
Bank statement of Beneficiary certified (not older than 3 months)
Accidental Death – Police report

HOW TO SUBMIT THIS CLAIM	
Email	<a href="mailto:claims@rcsgroup.co.za">claims@rcsgroup.co.za</a>
Digital Download of claim forms	<a href="http://www.rcs.co.za">www.rcs.co.za</a>
Post	RCS Cards Pty Limited, PO Box 111, Goodwood, 7459
Call	0861 729 727

# Funeral Plan

## Claim Form

PRIOR FUNERAL COVER		Mark with X	
Did the deceased have alternate cover in place 31 days before this policy commenced?	YES	NO	
If YES, was such policy cancelled and replaced with this one?	YES	NO	
If YES, was the deceased listed on the alternate policy?	YES	NO	
Had the waiting period for natural death already expired on the alternate policy?	YES	NO	
<b>Have you provided the following documents:</b>			
Proof of alternate cover:	YES	NO	
Confirmation from prior insurer policy was paid up to date:	YES	NO	
Proof of cancellation of prior policy:	YES	NO	

DECLARATION		
<p>I certify that all information provided relative to this claim is true and correct.</p> <p>I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):</p> <ul style="list-style-type: none"> <li>to disclose any insurance information (provided by me/on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and</li> <li>to verify any information provided against other sources or databases;</li> <li>to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this claim; and</li> <li>where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.</li> </ul>		
<b>Mark with X</b>	YES	NO
Signature		
Date		

# Funeral Plan

## Claim Form

### PROCESSING OF PERSONAL INFORMATION IN TERMS OF POPIA

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

**You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:**

to establish and verify your identity in terms of the Applicable Laws;

to enable Us to fulfil our obligations in terms of this Claim;

to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;

Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;

Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and

Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature	
Date	