



Life and Funeral Cover Claim Form

EMAIL COMPLETED & SIGNED DOCUMENTS TO: claims@onespark.co.za

HONESTY DECLARATION

I declare that all information given in this claim form as well as information in any accompanying documents are true and correct.

I understand that **no benefits will be payable** for a claim if I **withhold information** or if I **give any false information**.

Claimant Name:

Claimant Signature:

Date:

To be completed in black ink (or digitally) by the claimant:

MAIN MEMBER/POLICYHOLDER’S DETAILS

First names:

Surname:

ID number:

Physical address:

Postal address:

Email address:

Landline number: Cell phone number:

CLAIMANT’S DETAILS

First names:

Surname:

ID number:

Relationship to the deceased:

Email address:

Landline number: Cell phone number:

DETAILS OF THE DECEASED

First names:

Surname:

ID number:

Physical address:

Date of death:

Cause of death:

Place of death (e.g. hospital, clinic, at home):

If at hospital or clinic, please provide name of facility:

Address of facility:

Phone number of facility:

Date of funeral:

Name of funeral parlour:

Address of funeral parlour:

Phone number of funeral parlour:

Name of doctor that certified the death:

Address of doctor:

Phone number of doctor:

Name of regular doctor:

Address of regular doctor:

Phone number of regular doctor:

BENEFICIARY PAYMENT INSTRUCTIONS

Account Holders name:

Name of bank:

Name of branch:

Branch code: Account Number:

Type of Account: ☐ Current ☐ Savings

SUPPORTING DOCUMENTATION REQUIRED

The following documents must be submitted with the completed claim form:

1. Certified copy of death certificate.
2. Certified copy of insured person's ID
3. Certified copy of the beneficiary's ID
4. DHA1663 – notification of death register
5. Claimant/Beneficiary 1-month bank statement
6. Police report if unnatural death
7. Proof of address of claimant (not older than 3 months)

Further information may be requested at our discretion.

PROCESSING OF PERSONAL INFORMATION

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.

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

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. 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:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. 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
4. 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.

DECLARATION

I, the claimant hereby notify OneSpark (Pty) Ltd of the death of the life insured and declare, that the above answers and full statements are true to the best of my knowledge and belief and that I have withheld no material fact from the company.

I declare that the information given is true and complete to the best of my knowledge and belief and authorise any hospital, physician or other person who has attended to the patient to furnish OneSpark (Pty) Ltd, or persons acting on behalf of OneSpark (Pty) Ltd, any and all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatment and copies of all hospital records, including the results of all tests undergone by the patient. I agree that a photocopy of this authorisation shall be considered as effective and as valid as the original.

Client Name:

Claimant Signature: Date: