



Liberty Group Limited (registration number 1957/002788/06) - an Insurer and an Authorised Financial Services Provider (no. 2409)  
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 PO Box 10499, Johannesburg, 2000  
 Contact Centre number: 0860 456 789 / +27 (0)11 558 4871  
 E-mail address: [info@liberty.co.za](mailto:info@liberty.co.za)

## APPLICATION FOR A FUNERAL CLAIM

*We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.*

### CHECK LIST

- A separate application must be completed for each policy number.
- Copy of the Claimant's identity document/ copy of the back and front of the ID smart card .
- Copy of the deceased's identity document.
- Copy of the death certificate.
- Copy of the BI 1663: Notification of Death (obtainable from the doctor who certified the death or the undertaker).
- Proof of banking details of the Claimant.
- In the event of an unnatural death, a Statement by Police must be completed.

Liberty reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested again.

Value added services are provided by CIMS South Africa (Pty) Ltd on the following policies:

- Comprehensive Funeral Plan QK
- Standard Funeral Plan QJ
- Burial Plan QT
- Parents Plan QP
- Extended Funeral Plan QL

To make use of these services please contact the CIMS Contact Centre on 0860 100 775 to see if you qualify in line with the terms and conditions.

### SECTION GUIDE

Please complete the following sections:

- SECTION 1** – Declaration for Funeral Claims Page 1 & 2
- SECTION 2** – Details of Claimant Page 2
- SECTION 3** – Branch Clerk Declaration Page 3
- SECTION 4** – Payment Details Page 3

### Section 1 – Declaration for funeral claims

Policy number	<input type="text"/>																					
Policyholder	<input type="text"/>																					
Policyholder's work address	<input type="text"/>																					
																			Postal code	<input type="text"/>		
Contact numbers:	Work	<input type="text"/>																		Home	<input type="text"/>	
Name of deceased	<input type="text"/>																					
Relationship to Claimant	<input type="text"/>																					
Last known address of deceased	<input type="text"/>																					
																			Postal code	<input type="text"/>		
Occupation of deceased	<input type="text"/>																					
Date of birth of deceased	<input type="text"/>																					
Identity number of deceased	<input type="text"/>																					
Date of death	<input type="text"/>																					
Exact cause of death	<input type="text"/>																					
Town of death	<input type="text"/>																					
Duration of last illness	<input type="text"/>																					
Hospital name and address	<input type="text"/>																					
																			Postal code	<input type="text"/>		
Hospital telephone number	<input type="text"/>																					
Admission/Patient number	<input type="text"/>										Ward and bed number	<input type="text"/>										

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**



**Section 1 – Declaration for funeral claims (continued)**

Name of tribal chief (if applicable) \_\_\_\_\_  
Address of chief \_\_\_\_\_  
Postal code \_\_\_\_\_  
Date of funeral \_\_\_\_\_  
Name of funeral parlour \_\_\_\_\_  
Address of funeral parlour \_\_\_\_\_  
Postal code \_\_\_\_\_  
Telephone number of funeral parlour \_\_\_\_\_  
Place/Cemetery where buried \_\_\_\_\_  
Grave number \_\_\_\_\_  
Police station where death reported \_\_\_\_\_  
Name, address and telephone number of doctor who completed the B1 1663 \_\_\_\_\_  
Postal code \_\_\_\_\_  
Was the deceased a scholar/student/employed? \_\_\_\_\_  
Name & address of school/college/employer \_\_\_\_\_  
Postal code \_\_\_\_\_  
Telephone number of school/college/employer \_\_\_\_\_  
Principal's name/Manager's name \_\_\_\_\_

**Section 2 – Details of Claimant**

Full names \_\_\_\_\_  
Identification number \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code \_\_\_\_\_  
Cell number \_\_\_\_\_  
Email address \_\_\_\_\_  
Employer \_\_\_\_\_  
Work telephone number \_\_\_\_\_

I in my capacity as the Claimant, declare and warrant that all statements and answers which may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure, which materially affects the assessment of this claim, will entitle Liberty to declare this claim null and void.

\_\_\_\_\_  
Signature of Claimant  
\_\_\_\_\_  
Date  
Time \_\_\_\_\_  
Place \_\_\_\_\_  
Branch \_\_\_\_\_



### Section 3 – Branch clerk declaration

I, (full names) \_\_\_\_\_

declare that the above information is a true reflection of the information furnished by the informant, and that the claim form has been completed in full and that all the requirements specified in the checklist accompany this claim form. All requirements are clear, legible documents and there are no evident alterations, I further declare, that the informant

has identified him/herself by means of a valid ID document with ID no. (copy attached) \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

Branch \_\_\_\_\_

\_\_\_\_\_  
Signature of branch clerk

### Section 4 – Payment details

**Should an erroneous overpayment of benefits, loans and/or investment returns occur under this policy, for whatever reason, such overpaid amounts will become payable to Liberty on demand. Liberty accepts no responsibility if incorrect banking details are provided. For your protection payment will only be effected by Electronic Fund Transfer, this will also ensure faster payment. Payment may only be made to the owner/nominated beneficiary. Should bank details differ to the account details on record, please provide proof of account i.e. a copy of a cancelled cheque OR copy of a current bank statement on a bank letterhead OR a copy of a printout from the bank with a bank stamp.**

Please complete the following:

Type of bank account     Savings     Transmission     Current

Name of bank \_\_\_\_\_

Branch \_\_\_\_\_

Bank code \_\_\_\_\_

Surname of account holder \_\_\_\_\_

Identity number \_\_\_\_\_

Account number \_\_\_\_\_

Telephone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

