



DEATH CLAIM NOTIFICATION

POLICY DETAILS

POLICY NUMBER _____
POLICY HOLDER _____
CLAIM AMOUNT _____

MAIN MEMBER DETAILS

FULL NAME _____
SURNAME _____
ID NUMBER _____
DATE OF ENTRY _____

DECEASED DETAILS

FULL NAME _____
ID NUMBER _____
DATE OF DEATH _____
RELATION TO MEMBER _____
CAUSE OF DEATH _____
PLACE OF DEATH _____

BENEFICIARY DETAILS

FULL NAME _____
ID NUMBER _____
RELATION TO DECEASED _____
NOMINATED BENEFICIARY _____
TELEPHONE NUMBER _____

ATTACH THE FOLLOWING DOCUMENTS

- Computerised death certificate
- ID document of deceased
- ID Document of claimant
- Removal order

BANKING DETAILS

ACCOUNT HOLDER _____
BANK INSTITUTION _____
BRANCH _____
ACCOUNT NUMBER _____

I, the undersigned claimant, certify that the above is true and correct. I declare that the official documents attached hereto, were issued by the Department of Home Affairs of South Africa. I understand that the claim can only be processed once the claimant has submitted all the relevant details.

SIGNATURE OF CLAIMANT

DATE

Email this documents to admin@go-well.co.za
Fax documents to 0867247108
Or simply go to one of the branches

501 Vusa House Gandhi Square Johannesburg
24 Govan Mbeki Avenue