

DEATH (UNNATURAL) CLAIM FORM

ACCOUNT HOLDER INFORMATION

Surname	<input type="text"/>
First name	<input type="text"/>
ID number of insured	<input type="text"/>
Card account number(s)	<input type="text"/>
Personal loan account number(s)	<input type="text"/>

CLAIMANT INFORMATION

Name of claimant	<input type="text"/>										
ID number	<input type="text"/>										
Postal address	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
Telephone numbers	Home	Work	Cell	Fax	Postal code	<input type="text"/>					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email address	<input type="text"/>										

DECLARATION:

I hereby certify that the above details are true and correct.

Signature


D	D	M	M	Y	Y	Y	Y
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Date

IMPORTANT: DOCUMENTS REQUIRED TO BE ATTACHED TO THIS CLAIM FORM

<input type="text"/>	Police report (Pg 2 and Pg 3)
<input type="text"/>	Certified ID of deceased
<input type="text"/>	Certified death certificate

DUnnat. June 17


 RCS Building, Golf Park 6, Raapenberg Road, Mowbray, 7700
 PO Box 111, Goodwood, 7459
 Tel: 0861 729 727
 Fax: +27 (0)21 597 4733

www.rcs.co.za

POLICE REPORT

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED

POLICY DETAILS

a) Insured (name in full)

b) ID number

1. INCIDENT

a) Place of incident

b) Date and Time

c) Name of police station where the incident was reported

d) Case reference number

e) Investigating officer

f) Is there any suspicion that the deceased may have committed suicide?

2. MOTOR ACCIDENT

a) Was the insured involved in a motor vehicle accident?

b) Was the insured a driver, passenger or pedestrian?

c) If the driver, were there any passengers in the car?

d) How many cars were involved?

e) Registration number(s) and name(s) of driver(s) of car(s) involved

f) Was a blood-alcohol test done on the insured?

g) Results of blood-alcohol test


3. ASSAULT

a) Was the insured involved in an assault?

b) Was the insured assaulted during the course of his/her duties?

c) Was the insured an innocent bystander?

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4. INQUEST

a) Has an inquest been held, or is one to be held?

b) Name of court

c) Date of inquest

D	D	M	M	Y	Y	Y	Y
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d) Inquest number and reference

5. CRIME

a) Have criminal proceedings been instituted or are they yet to be?

b) What was the charge?

c) Who was charged?

d) If judgement has been given, what was the verdict?

e) Name of court

f) Date of trial

D	D	M	M	Y	Y	Y	Y
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g) Trial number and reference

If possible, a short description of the circumstances of the incident

OFFICIAL USE

Signed at

D	D	M	M	Y	Y	Y	Y
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Signature of investigating officer

Name

Designation

OFFICIAL STAMP

DÜnnat. June 17

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