



P O Box 1781,
Durbanville
7551
REG NO 1935/007508/06

DEATH CLAIM FORM

3Sixty Life
Claim No.

Ref. No.

Invoice No.

A FOR COMPLETION BY 3SIXTY LIFE

Movement	Table	Claim	Month	Policy No.	Sum Assured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cause of Death	Age at Death	Claim admitted	Claim declined	Branch Code	Bonus
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
LIVES LEFT	<input type="text"/>	(P)	(C)	(X)	(B)
Remarks: _____					Ex-Gratia
_____					<input type="text"/>
_____					Premiums Refund
_____					<input type="text"/>
Checked by: _____ Authorised by: _____ Authorised by: _____					Total Claim
Date: _____ Date: _____ Date: _____					<input type="text"/>

PAID TO:	DATE:	CHEQUE No.:	AMOUNT:
1. _____			<input type="text"/>
2. _____			<input type="text"/>
3. _____			<input type="text"/>

B FOR COMPLETION BY BRANCH:

BRANCH STAMP	POLICY No.	<input type="text"/>	ENTRY DATE	Date of Birth (on Policy)
	SEX	CLAIM AMOUNT	D.L.P. PER RECEIPT BOOK	DATE OF DEATH
	DECEASED: SURNAME _____			
	FIRST NAMES _____			
CLAIM SUBMITTED BY: _____		TEL No.: _____		
TYPE OF CLAIM: UNDERTAKER <input type="checkbox"/>		CASH <input type="checkbox"/>		

C FOR COMPLETION BY CLAIMANT

I, the undersigned (full name) _____ (Relationship) _____
of (address) _____
_____ Tel: _____

I hereby apply for the benefits as stated above and agree that the payment of these benefits by 3Sixty Life shall be a complete discharge of the benefits according to the policy.

I declare that I am legally entitled to claim these proceeds or direct usage of the proceeds and that in the event of an undertaker's claim I have been authorised by the legal claimant (main member / beneficiary) to submit this claim on their behalf as they are unable to.

Relationship to legal claimant: _____

In the event of an undertaker's claim, I hereby authorise 3Sixty Life to settle the invoice according to the funeral arrangements agreed upon.

Please take note that the claim will be paid within 48 working hours after having received all the required documents at 3Sixty Life.

Signed at _____ Date _____ Signature of Legal Claimant _____

Witness: _____ Signature of Authorised Claimant _____