

To claim, please complete this form and send it back to us by email.

Email: hello@indiefin.com

Attach the following documents to the completed claim form:

1. Certified proof of identity for the claimant (certified copy of ID or certified copy of birth certificate or certified copy of passport)
2. Certified proof of identity for the deceased (certified copy of ID or certified copy of birth certificate or certified copy of passport)
3. Proof of bank account into which the claim will be paid (bank statement stamped by the bank or cancelled cheque or salary advice)
4. Certified copy of death certificate of the deceased
5. Fully completed police report, if the cause of death is unnatural;accidental; or suicide
6. Copy of BI-1663 or DHA-1663 or BI-1680

A. Details of claimant		Policy Number _____
Surname _____	Title and initials _____	
Full names _____	Contact number _____	
Date of birth Y Y Y Y / M M / D D _____	Passport / ID number _____	
Email _____	Relationship to the deceased _____	
Postal address _____		Code _____
Residential address _____		Code _____

B. Details of the deceased	
Surname _____	Title and initials _____
Full names _____	Passport / ID number _____
Last known address _____	
Code _____	
Date of birth Y Y Y Y / M M / D D _____	Date of death Y Y Y Y / M M / D D _____
Cause of Death <input type="checkbox"/> Natural	<input type="checkbox"/> Accident
<input type="checkbox"/> Suicide	
Death certificate serial number _____	BI-1663 or DHA-1663 serial number _____

C. Bank account details to which policy benefit must be paid	
Account holder _____	
Bank name _____	Branch _____
Account number _____	Branch number _____
Account type <input type="checkbox"/> Savings	<input type="checkbox"/> Cheque
<input type="checkbox"/> Transmission	
Signature of claimant _____	Date Y Y Y Y / M M / D D _____

E. Declaration by claimant	
Should any benefits be payable to me, I, the undersigned, authorise Sanlam Developing Markets Limited to pay the benefits into the above account, and release Sanlam Developing Markets Limited from any responsibility and/or further claims from this policy, if payment is made into an incorrect bank account that I gave.	
Signature of claimant _____	Date Y Y Y Y / M M / D D _____