

## DEATH CLAIM FORM

Policy Number	
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### Insured Group

Insured person			
Cell		Tel Number	
Age		Address	
Date of Death		Place	
Cause of death and any factors connected herewith:			

The Following information is required:

- Certified copies of the abridged and final death certificate
- Certified copy of the post-mortem report
- Certified copy of the inquest report, including all witness statements pertaining thereto
- The Police accident report if the death was due to a motor vehicle accident
- The Police station reference number if the death is due to a criminal investigation

### Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect

Dated \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_ .

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

**Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578**

#### Directors:

Dr DP Botha (Chairman)  
T Davey (Managing Director)  
M Appelo  
M Meyer  
M Pretorius

#### Head Office:

A Block A, Block@Nature  
472 Botterklapper Street  
Die Wilgers,  
Pretoria East, 0184

T 086 147 7752  
F 086 538 5983  
www.natsure.co.za

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**DEATH CLAIM FORM**

Capacity: \_\_\_\_\_ Signature: \_\_\_\_\_

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