Multi Brokers Business Consultants - FSP 41513 *Shield Life - FSP 47477*

MULTI BROKERS
Business Consultants cc.
Multi Brokers is a registered financial service provider (FSP 41513)

SHIELD LIFE LIMITED
YOUR SHIELD FOR LIFE

NOTIFICATION OF DEATH CLAIM FORM

Important contact information:

Contact Details : (T) 012 654 2889 (F) 012 654 2889 (E) multi.brokers@vodamail.co.za

Policy under written by Shield Life Limited (FSP47447), a licensed insurer in terms of the Insurance Act 2017.

THIS FORM MUST BE COMPLETED IN FULL WITH THE NECESSARY DOCUMENTATION ATTACHED (✓) AS PER SECTION 2 & 3
We reserve the right to request any additional documentation as deemed necessary to verify the claim.

I hereby give consent to collect and process my personal information as per section 6.3 below ☐ Yes ☐ No

Policy number: _____ **Date completed:** _____

1. Compulsory personal information:

1.1 General Details

Intermediary name:		**Claimant's full name:**	
Intermediary no:		**Claimant's email:**	
Main insured full name:		**Claimant's contact no:**	
ID Number :		**Relationship:**	

1.2 Details regarding the deceased

Deceased surname:		**Date of death:**	
Deceased name:		**Place of death:**	
Deceased ID number:		**Place of burial:**	

1.3 Please indicate who is the deceased (✓)

☐ Main member ☐ Spouse of main member ☐ Child of main member ☐ Extended family membe

1.4 Please indicate cause of death (✓)

☐ Natural ☐ Unnatural or Under investigation ☐ Stillbirth

1.5 Please indicate type of benefit and benefit amount (✓)

☐ Beef ☐ Cash ☐ Grocery Benefit
☐ Funeral Services ☐ Tombstone

1.6 Please indicate benefit Amount: R _____

1.7 Place of Buria _____

2. Standard documentation required for a Death Claim

☐ Certified copy of Death Certificate and
☐ Certified copy of ID of deceased
☐ Certified copy of ID of claimant
☐ DHA1663 (page 1 to 3)
☐ Proof of banking details not older than 3 months

3. Additional documentation required in the following events:

a) If deceased was stillborn or it was a stillbirth:

☐ Certified letter from doctor/midw ife stating gestation period

b) If deceased was a disabled fully dependent child above 21 years:

☐ Copy of the SASSA card or medical report

c) If deceased was a dependent child 21 to 26 years:

☐ Letter of School or University

d) In the event of an unnatural death:

☐ Police/Accident Report completed by the investigating officer
☐ If the cause is a result of a motor vehicle accident, a copy of the accident report

4. COMPLETE THIS SECTION IF THE NOMINATED BENEFICIARY AUTHORISES THE PAYMENT OF THE CLAIM TO A THIRD PARTY

I....., the nominated beneficiary, hereby appoint the third party indicated below as the service provider to receive the full benefit due in respect of the claim lodged above, in full and final settlement of the claim, and instruct Shield Life to make the claims payment to the service provider.

Name of entity (e.g. Funeral	Multbrokers
Entity Registration	2012/151006/07

BANKING DETAILS OF THE NOMINATED BENEFICIARY/SERVICE PROVIDER								
Account Holder Name	Multi-brokes			**Bank**		FNB		
Bank Account Number	62377189785					Branch Code	251145	
Type of Account	Cheque		Savings		Transmission		Other (specify)	

_____ **Date:** _____

Signature of Claimant

5. Additional steps to be taken:

The following must be completed to update your membership after the incurrence of death in the family

☐ In the event that the ***spouse passed away*** - an **Amendment Form** must be completed by the Main insured.

☐ In the event that a ***child passed away*** - an **Amendment Form** (if membership type needs to change) or **Updating of Personal Information Form** (if remaining children information must be updated) must be completed by the Main insured. No automatic amendment

6. Legislation information:

This policy is governed by South African Law and any legal action in relation to this policy is subject to the jurisdiction of the South African Courts.

6.1 Personal Information

In South Africa, the Protection of Personal Information Act 4 of 2013 (PoPIA) has been enacted to regulate the processing of Personal Information. When completing this claim form you provide us with information that may be protected by legislation including but not limited to PoPIA. We will take all reasonable steps to protect the information you provide us securely and confidentially. Please read more about how we use and protect your personal information in our Privacy Notice and PAIA manual available on our website https://www.shieldlife.co.za

6.2 Sharing of Insurance Information

The South African Regulatory bodies require insurers to share information with the regulatory body regarding policies and claims. In addition, insurers share information with each other regarding policies and claims with the view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders.

By the insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or By insuring or renewing your insurance you hereby not only consent to such information sharing, but also waive any rights of confidentiality with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be made available to other insurers participating in As a policy holder, you and your dependants personal information may be shared with the insurer. This will be limited to information that is relevant to you and/or your dependants' application or information that is required for the ongoing servicing of your policy.

6.3 Consent and declaration

I, the claimant, hereby gives consent to the Processing of my Personal Information in terms of POPIA for all purposes of maintaining this insurance product and consent to the terms of the Privacy Notice and the PAIA manual located at https://www.shieldlife.co.za. I understand that the supply of this information is mandatory and without the supply of the information this agreement will be invalid. Shield Life will process and protect your personal information in terms of the I hereby give consent that Shield Life may request further processing of my personal information from a third party (Premium collection agency, Credit bureau etc.) for the purposes of maintaining my insurance product. I hereby agree that I have the appropriate authorization of supplying special / sensitive / personal information of data subjects other than myself. I hereby agree that all the information supplied in this agreement is accurate and complete and should any of this information change I will contact Shield Life Ltd to update my personal information.

I, the undersigned, understand that without the above consent my policy will not be processed and the Employer will not be liable for any claim that may arise. I authorise the Insurer to communicate with me regarding my policy via Short Message System ("SMS"); WhatsApp; and/or email.

X _____ **Date:** _____

Signature of Claimant