



Funeral claim form

Once you've completed the form, please email it to lifecclaims@kingprice.co.za and our claims team will take it from there.

Policy no.	
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Claimant's details			
Full name			
Surname			
Phone no. (c)		ID no.	
Email			

Beneficiary details			
Full name			
Surname			
Phone no. (c)		ID no.	
Email			

Bank details (claimant)			
Account holder			
Bank name		Branch code	
Account no.		Account type	

Deceased member details			
Full name			
Surname			
Date of birth		ID no.	
Relationship			

The following documents are required to claim:

- Certified copy of the Claimant's ID
- Certified copy of the deceased's ID
- Death certificate
- Notification of death: BI-1663/BI-1680 or DHA-1663/DHA-1680, completed by the doctor who certified the death
- Police report (if death occurred due to accidental/unnatural causes)
- Stamped bank statement of the Claimant confirming the account holder and bank account
- Any other documents, as required by the Insurer in its sole discretion.

Declaration

I, _____, hereby declare that, to the best of my knowledge, all information provided in this claim form is true, accurate, and complete. I confirm that I haven't withheld any material information that could affect the assessment or outcome of this claim.

I acknowledge that any failure to disclose relevant information may result in the rejection or invalidation of this claim. I further understand that knowingly providing false, incomplete, or misleading information to an insurance company constitutes a criminal offense, which may result in penalties including fines, imprisonment, or denial of benefits.

I warrant that I'm legally entitled to the proceeds under this policy and hereby indemnify and hold King Price Life Insurance Limited (King Price Life) harmless against any and all claims, disputes, or liabilities from third parties arising from the payment of this funeral claim.

I confirm that I've read, understood, and accept the contents of this declaration.

Claimant's signature

Date

Authorisation

I hereby authorise King Price Life and its duly appointed representatives to obtain any information relevant to this policy from any medical practitioner, insurer, or other relevant source, as may be necessary for the assessment and investigation of this claim. I further authorise King Price Life and its representatives to disclose any information pertaining to this claim to any third party deemed appropriate for the purpose of processing or managing this claim.

Claimant's signature

Date