



SMILE LIFE INSURANCE COMPANY LIMITED

Family Funeral Insurance Form of Discharge

NOTIFICATION OF DEATH OF FAMILY FUNERAL POLICY MEMBER AND AUTHORITY TO PAY CLAIM

1. Policy holder.....
2. Policy No.....
3. Name of Deceased Member.....
4. Member's Date of Birth..... Date of Death.....
5. Amount of Member's Funeral Insurance policy cover
6. I the undersigned:

(Full Names)

In my capacity as Policy holder / Next of Kin:.....
hereby declare

- i. that the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the policy.
- ii that payment of the proceeds due in respect of the deceased member in terms of the aforementioned policy shall represent the full and final discharge of the Smile Life Insurance Company Limited's liability in respect of that member under the policy.
- iii that the Policy holder / Next of Kin shall fully indemnify Smile Life Insurance Company Limited for any further payment by reason of any document or documents the basis upon which such payment is made being rendered unreliable in so far as proof of death is concerned.

Signed at:..... This..... day of..... year.....
(Place) (Date) (Month)

In the presence of **Witness**

Signed by the Policy holder / Next of Kin

Witness : (1)

Address :

Witness : (2)

Address :

Witness : (3)

Address :

(N.B. Please note that as stipulated by the policy Contract, Policy holder and / or Next of Kin is required to sign this form)

Apart from this form the following documents are required to initially substantiate a claim:

Death certificate (a provisional Death certificate i.e. Death Report where available will in many cases suffice), Indemnity form in the absence of death certificate or death report, Employee Number / copy of drivers license / copy passport or other acceptable form of identification of the deceased, Personal Medical Attendant's report at time of death, Accident report in the case of a Motor Vehicle accident and Inquest (Police) report in the case of unnatural cause of death or any other evidence that proves that life assured was eligible for benefits at the time of death

Occasionally further documentation may be required but when this is the case it will be specifically called for by Smile Life Insurance Company Limited.