Funeral
CLAIM FORM

POLICY HOLDER PERSONAL INFORMATION	
Surname	
Initials	
First Name	
Date of Birth	
ID number of Insured	
Contact number - mobile	
Postal address	
Email address	

DECEASED DETAILS	
Surname	
Initials	
First Name	
Date of Birth	
ID number of Deceased	
Relationship to main Insured	
Email address	
Name and surname of doctor who attended to Deceased	

CIRCUMSTANCES OF CLAIM	
Date of death	
Cause of death	
If accidental, Police case no	
If accidental, police station investigating death	
If accidental, name and contact no of investigator	

IMPORTANT DOCUMENTS WE REQUIRE TO PROCESS THE CLAIM	
Completed and signed Claim form	ID of deceased
Notice of Death Form (DHA1663)	ID of beneficiary
Death Certificate certified	Beneficiary bank statement not older than 3 months certified
Accidental death – police report	
Email documents to claims@rcsgroup.co.za with claim form	

Mutualpark, Jan Smuts Drive, Pinelands, Cape Town 7405
PO Box 111, Goodwood, 7459
Tel: +27 (0)21 597 4000
www.rcs.co.za

NOV 2026

Directors: RF Adams* V Metz ** M van Brakel*
*Executive /**non-Executive
RCS Cards Proprietary Limited | Registration Number 2000/017891/07 | NCRCP38 | FSP44481 | RCS is a registered credit and authorised financial services provider

Classification: Confidential

Funeral
CLAIM FORM

BENEFICIARY INFORMATION	
Name and surname of Beneficiary	
ID number of Beneficiary	
Relationship to Deceased	
Beneficiary Bank Information	
Bank name	
Name of Account Holder	
Branch name and code	
Type of account – savings or current	
Please submit a certified copy of your bank statement with this claim form	

PRIOR FUNERAL COVER – ANSWER YES OR NO WHERE REQUESTED	
Did the deceased have alternate cover in place 31 days before this policy commenced?	
If YES, was such policy cancelled and replaced with this one?	
If YES, was the deceased listed on the alternate policy?	
Had the waiting period for natural death already expired on the alternate policy?	
If you answered YES to the above questions, please provide the following additional documents:	
Proof of alternate cover	
Confirmation of prior insurer that policy was paid up to date	
Proof of cancellation of prior policy	

DECLARATION

I certify that all information provided relative to this claim is true and correct.

I hereby waive any right to privacy and authorize the Insurer or its appointed Administrator:

- to disclose any insurance information (provided by me/on my behalf) to any other insurance company, either directly or through a database operated by, or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any person or institution provided that the Insurer considers such disclosure necessary to assess the claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

Signature	
Date	

Mutualpark, Jan Smuts Drive, Pinelands, Cape Town 7405
PO Box 111, Goodwood, 7459
Tel: +27 (0)21 597 4000
www.rcs.co.za

NOV 2026

Directors: RF Adams* V Metz ** M van Brakel*
*Executive /**non-Executive
RCS Cards Proprietary Limited | Registration Number 2000/017891/07 | NCRCP38 | FSP44481 | RCS is a registered credit and authorised financial services provider

Classification: Confidential

Funeral
CLAIM FORM

PROCESSING PERSONAL INFORMATION IN TERMS OF POPI ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers,
- merchants,
- banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities,
- industry ombudsmen,
- governmental departments,
- local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilized by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature	
Date	

Mutualpark, Jan Smuts Drive, Pinelands, Cape Town 7405
PO Box 111, Goodwood, 7459
Tel: +27 (0)21 597 4000
www.rcs.co.za

NOV 2026

Directors: RF Adams* V Metz ** M van Brakel*
*Executive /**non-Executive
RCS Cards Proprietary Limited | Registration Number 2000/017891/07 | NCRCP38 | FSP44481 | RCS is a registered credit and authorised financial services provider

Classification: Confidential