Death (Natural)
CLAIM FORM

ACCOUNT HOLDER / POLICY HOLDER PERSONAL INFORMATION	
Surname	
Initials	
First Name	
ID number of Insured	
Account Number – Store card/credit card/loan	

CLAIMANT INFORMATION	
Surname	
Initials	
Date of Birth	
ID number	
Relationship to main Insured	
Telephone number (mobile)	
Email address	

CIRCUMSTANCES OF CLAIM	
Date of death	
Cause of death	

CLAIMANT BANK INFORMATION	
Bank Name	Branch Name & Code
Account number	Account type
Account Holder name	

IMPORTANT DOCUMENTS WE REQUIRE TO PROCESS THE CLAIM	
Death certificate	ID of deceased
Notice of Death Form (DHA1663)	ID of claimant
Executor letter (where applicable)	Medical report – page 2 of this claim form completed
Email documents to claims@rcsgroup.co.za with completed claim form	

DECLARATION:

I, the claimant, hereby certify that all the information I have provided relative to this claim is true and correct. I authorise any hospital, clinic, doctor, or other individual to furnish RCS with any information in respect of the claim, including any copies of medical records, consultations, medical history, sickness or injuries the deceased have had with any institution. I have not withheld any information which could be material to the assessment of the claim.

Signature claimant _____ 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

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MEDICAL REPORT – TO BE COMPLETED BY MEDICAL PRACTITIONER	
Name and surname of Insured	
ID number of Insured	
Date of death	
Direct cause of death	
Date of first diagnosis	
Was the Insured informed of the diagnosis	
Direct contributing condition that resulted in immediate cause of death	

Please state the relevant dates

Prescription of medicine, surgery, physiotherapy, psychotherapy, radiotherapy, hospitalization, medical advice, regular medical visits for follow-up purposes, etc.

Consultation Date	Nature of illness, habits, tendencies or events	Treatment and medication prescribed	What was patient told?

MEDICAL PRACTITIONER DECLARATION	
Initials and Surname of Medical Practitioner	
Telephone number	
Practice number	
Practice address	
Qualifications	
MP Number	
Signature of Medical Practitioner	
Date	

PRACTICE STAMP

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PROCESSING OF 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	

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