

# REQUIRED DOCUMENTATION CHECKLIST

FSP: 49758



CLAIM NUMBER: \_\_\_\_\_

## CHECKLIST

A fully completed Rand Mutual Assurance claim form	<input type="checkbox"/>
Notice of death (bi1663)	<input type="checkbox"/>
A certified copy of death certificate	<input type="checkbox"/>
A certified copy of deceased identity document	<input type="checkbox"/>
A certified copy of Main member's Identity document	<input type="checkbox"/>
Confirmation letter	<input type="checkbox"/>
Burial order	<input type="checkbox"/>
Bank Statement	<input type="checkbox"/>
Exact cause of death	Natural <input type="checkbox"/> Unnatural <input type="checkbox"/>
Is the policy up to date	Yes <input type="checkbox"/>   No <input type="checkbox"/>
Premium:	Claim amount:

Client name:	Client Contact Nr:
Consultant name:	Condolence Breakdown:
Date:	
Time:	
Signature:	Total amount:

Branch:		
Burial Services:	Signature:	Time:
Claim Assessed by:	Signature:	Time:
Finance Approved by:	Signature:	Time:

Notes: \_\_\_\_\_

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