



Cover you can trust.
People you can depend on.

Claim Form - Death Assetlife Policy

Return address and Zestlife contact details:

E-mail: info@zestlife.co.za or fax: 021 001 0248 or post to PostNet Suite #87, Private Bag X1005, Claremont, 7735 Tel: 021 180 4220 / 0860 009 378

Section A: Insured details

Title

Full names

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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ID number

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Policy number

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Date of death

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Cause of death

When did the condition start that caused the death

D	D	M	M	Y	Y	Y	Y
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Was the death caused by suicide, self-inflicted injury or transgressing any law or as a result of participating in a war or hazardous activities?

YES	NO
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Section B: Nominated credit provider details:

Credit provider	Financing agreement account number	Outstanding loan balance	Credit provided contact person name and surname	Credit provider contact person contact number

PostNet Suite 87 Private Bag X1005 Claremont 7735
Sunclare Building 2nd Floor 21 Dreyer Street Claremont Cape Town
• Tel 021 180 4220 / 0860 009 378 • Fax 021 001 0248 • Email info@zestlife.co.za • www.zestlife.co.za
Directors: Chris McCallum (Chairman) Ralph Richardson (Managing), Sebastian Zoutendyk, Charles Lorentz, Noleen Bell, Pip Lorentz, Bruce Hodgkinson

Nominated credit provided bank account details:

Credit provider	Bank account number	Branch code	Bank	Type of account

Section C: Nominated beneficiary details:

Full names and surname	ID number	Relationship to Life Insured	% of benefit or amount	Contact number

Nominated beneficiary bank account details:

Beneficiary full names and surname (state name of account holder if different from beneficiary)	Bank account number	Branch code	Bank	Type of account

Section D: Details of person completing this form

Title

Full names

Surname

E-mail address

Address

Postal code

Cell phone number

Work telephone number

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section E: Supporting documentation required:

The following documents must be submitted with the claim form:

1. Copy of death certificate of insured
2. Copy of the insured ID document
3. Proof of outstanding financing agreement loan balances including confirmation of financing agreement account number and institutions bank account details.
4. Copies of ID document of beneficiaries or any other form of proof of age of beneficiaries if minors
5. Copy of Notice of Death form (BI1663)
6. Completed Confidential Medical Report
7. Police statement if the death is due to an unnatural cause
8. Copy of the post mortem or blood/alcohol tests if the death was caused by a motor vehicle accident where the claimant was the driver of the vehicle