Life Call Centre
Building A, Bryanston Corner, 18 Ealing Crescent
Bryanston, Johannesburg, 2021
Tel +27 (10) 020 7600 claims@stangenlife.co.za

CLAIM PROCESS

To whom it may concern,

The below documents plus the Death Claim Form are required to be correctly completed, signed and submitted to Stangen via email, fax or in person.

Required documents to initiate the Death claim process:

The original or certified copies, signed by a commissioner of oaths, of the following:

1. The death certificate;
2. The insured's ID document;
3. Notification of death, Form BI-1663 by the doctor who certified the insured's death;
4. Medical Aid details (Scheme, medical aid number and latest medical aid report);
5. Medical reports of the treating doctor, attending clinic and or hospital attended by the deceased;
6. If the death is due to Unnatural causes, please include:
    1. Statement of Police;
    2. Post mortem; and
    3. If death due to motor vehicle accident, please also supply Police Officer's Accident report.

To effect payment on the claim (if the claim is assessed as valid):
The original or certified copies, signed by a commissioner of oaths, of the following:

1. Three (3) month's bank statements of the deceased stamped by the bank;
2. Bank statement of beneficiaries stamped by the bank; and
3. ID documents of beneficiaries.

Kind regards,
Stangen Claims Team

Stangen

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DEATH CLAIM FORM (TO BE COMPLETED BY CLAIMANT)

PARTICULARS OF THE INSURED (Deceased) – Section A

Policy Number

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

ID Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone

E-mail address

Date of Death

Y Y Y Y M M D D

Detailed description of cause of death

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Details of all doctors who attended to the deceased during the 5 years preceding death:

A. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

B. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

C. Doctor	Address
	Date attended Y Y Y Y M M D D
Hospital / Clinic	Ref. No.

Name of Medical Aid	Medical Aid Number
Name of Hospital	Hospital Ref. No.
Employer Name	Surname
Physical Address	
	Postal Code
Telephone (w)	Employee No.

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PARTICULARS OF THE CLAIMANT – Section B

First Names

Surname | Title | Miss Mrs Mr Dr Prof

Initials | Gender | Female Male

In what capacity is this claim lodged (Beneficiary, Cessionary, Executor)?

ID Number / Passport Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (w) | Fax (w)

Telephone (h) | Fax (h)

Cellphone | Communication Preference | Post Fax e-mail

E-mail address

PARTICULARS OF CLAIM BY CESSIONARY

Title | Initials | Gender | First Names

Surname | Amount Claimed **R**

Signature | Date

Y Y Y Y M M D D

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BANK DETAILS OF THE CLAIMANT / ESTATE

Name of Bank	Branch Name
Account Number	Branch Code
Name of Account Holder	Account Type
Signature of Account Holder	Date (Y Y Y Y M M D D)

DECLARATION AND AUTHORISATION BY THE CLAIMANT

Policy Schedule Number

Declaration

I / we _____ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim.

I / we acknowledge that I / we fully understand the contents of this declaration.

Authorisation

I / we hereby authorise Stangen or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I / we further authorise Stangen or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I / we warrant that I am / we are legally entitled to the proceeds under this policy and that my / our estate(s) are solvent and have not been ceded or sequestrated.

Signed _____

On _____ day of _____ of 20____