



DIASPORA INSURANCE

Peace of mind, Guaranteed!

DiasporaInsurance.com

claims@diasporainsurance.com

Tel: +44 121 2951116 / +27 101 096 555 | Mob: +44 770 3838 304 / +27 659 070 419

Regulated & Authorised: FCA, UK: 795897 and FSCA, RSA: 48996 | Underwritten By GuardRisk & Re-Insured By Munich Re

DFCP FUNERAL CLAIMANT'S CERTIFICATE

Complete and accurate information must be given in this Certificate and make sure that you are not committing a crime by providing wrong/false information. Diaspora Insurance ('The Company') reserves the right to request additional support documents, verify the authenticity of all submitted documents, report to Police for prosecution of any fraudulent claims which is a criminal offence.

I, the undersigned (*insert full name*); _____
give notice to Diaspora Insurance of the death of the below detailed covered individual.
In proof of claim I answer as follows:

SECTION A: DECEASED & CLAIMANT'S DETAILS:

No.:	Details	Fill In:
DECEASED:		
1.	Policy Number:	
2.	Full Name of Deceased:	Title: _____ First Name: _____ Middle Name/s: _____ Surname: _____
3.	Deceased's full residential address at death:	
4.	Deceased's Other Details	ID/Passport Number: _____ Date Of Birth: _____

4. <i>conti...</i>	Deceased's Other Details	Date of Death: _____ Place of Death: _____ Occupation at the time of death: _____ Known date of start of illness: _____ Duration of last illness: _____ Principal cause of death: _____
5.	Did the deceased die by Suicide or because of violation of any law?	Yes/No: _____ If Yes , give details:
6.	Deceased's Relationship to the Policyholder:	
CLAIMANT:		
7.	Claimant's Relationship to the Deceased:	
8.	If you are not the Policyholder, state in what capacity you are making this claim:	

SECTION B: HOSPITAL/HOME/HOSPICE/PARLOUR HOLDING THE DECEASED'S BODY:

No.:	Details:	Fill In:								
1.	Name of Hospital / Home / Hospice / Parlour:									
2.	Physical Address:									
3.	Contact Person:									
4.	Contact Details:	<table border="1"> <tr> <td data-bbox="724 1493 902 1524">Mob:</td> <td data-bbox="902 1493 1523 1524"></td> </tr> <tr> <td data-bbox="724 1524 902 1556">Office Tel:</td> <td data-bbox="902 1524 1523 1556"></td> </tr> <tr> <td data-bbox="724 1556 902 1587">eMail:</td> <td data-bbox="902 1556 1523 1587"></td> </tr> <tr> <td data-bbox="724 1587 902 1614">Web:</td> <td data-bbox="902 1587 1523 1614"></td> </tr> </table>	Mob:		Office Tel:		eMail:		Web:	
Mob:										
Office Tel:										
eMail:										
Web:										

SECTION C: BANK DETAILS FOR CLAIM SETTLEMENT:

No.:	Details:	Fill In:
1.	Bank Account Name:	
2.	Bank Name:	
3.	Bank Address:	
4.	Branch Name/Code:	
5.	Account Number:	
6.	BIC:	

7.	IBAN/SWIFT CODE:	
8.	Any Other Benefit Disbursement Instructions:	

SECTION D: SUBMITTED SUPPORT DOCUMENTS

No.:	Document/Details:	Tick <input checked="" type="checkbox"/>
1.	Burial Order (for pre-burial funeral claims):	
2.	Death Certificate:	
3.	Police Report (if cause of death is accidental):	
4.	ID/Passport of Deceased:	
5.	Policy Document:	
6.	Proof of Identity of Claimant:	
7.	Proof Of Address of Claimant:	
8.	Other, specify:	

CLAIMANT DECLARATION & WARRANTY

1. I do hereby declare and warrant that the above particulars and support documents are genuine, true and correct in each and every respect.
2. In the event that this benefit is paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action by me, I fully understand that I shall be required to repay or return the benefit and that the Company shall be entitled to report the crime to the police and institute legal proceedings to recover the benefit and any costs incurred.

Dated at _____ this _____ day of _____ 20 _____

Signature of Claimant: _____ Passport/ID No. _____

Full Name: _____

Address: _____

Tel Number: _____ eMail: _____

What Next?

You can submit the Claim Form and Support Documents in any of the following ways:

1. Physically drop the documents at any of the Diaspora Insurance offices,
2. Take and WhatsApp pictures of the documents to: **+44 770 3838 304 or +27 65 907 0419**,
3. Scan and email documents to: **claims@diasporainsurance.com**, or
4. Upload documents on the plan-holder's Diaspora Insurance account if you know the logins.

Need Help?

For Your Dignity!

If you need any help, please contact **Diaspora Insurance – DFCP Claims Team** on the following numbers: **Mob/WhatsApp: +44 770 3838 304 or +27 65 907 0419 | Office Tel.: +44 121 295 1116 or +27 10 109 6555**