



Hi Rixaka... A Hi Khomisaneni

Stand No 6, Section O2
Rixaka Complex
GIYANI
PO Box 424 GIYANI 0826
TEL: 015 812 2809
www.rixaka.co.za

**Rixaka Funerals (Pty) Ltd
Policy Claims Form**

Deceased Information

Policy Number										
Deceased Relation										
Deceased Name										
Type of Death	Natural death					Un-natural death				
Place of Death										
Date of Claim										
Date of Death										
Comments										

Claim Details

Claim Type	Cash		EFT		Deposit	
Acc Holder						
Bank Name						
Branch Name						
Account Number						
Account Type	Savings		Cheque		Transmission	

Claimant Information

Policy Holder										
Name										
Surname										
ID Number										
Contact Number										
Physical Address	<hr/> <hr/> <hr/>									
Relation to Deceased										

=====INCOMPLETE CLAIMS WILL NOT BE PROCESSED=====

Claim Type	Check List
Insurance Claim	B11663 Form - Page 1 of 3* Death Certificate*
Funeral Benefit	B11663 Form - Page 2 of 3* ID Copy of Deceased*
Catering Allowance	B11663 Form - Page 3 of 3* ID Copy of Claimant*
Claim Amount R _____	B11663 Form - Page 1 of 1* Bank Statement*
Policy Fine R _____	Copy of Green file (Office Submission Only)
Policy Payment R _____	Photocopy of Booklet Inside Cover and Receipts
Payment Requested R _____	

*Please note: All copies must be certified

Office Use Only

Claimant Signature		Approved	
Manager Signature		Captured	
System Generated Claim Number		Date Captured	

Completed forms and documentation must be faxed to 015 812 2809 or email thandi@rixaka.co.za