



Tel/Fax: 028 313 2292 **24 Hour: 079 264 2596** Policy: 0844100411  
2 Arum Road, Industrial, Hermanus [overstrand.undertakers@gmail.com](mailto:overstrand.undertakers@gmail.com)

Waiting period  
6 Months Natural Death - 1 Month Unnatural Death - 24 Months Suicide  
12 Month Fatal Disease

ENTRY DATE: \_\_\_\_\_ REINSTATE: \_\_\_\_\_  
TOP UP: \_\_\_\_\_ Extended Child: \_\_\_\_\_

AGENT	GROUP	POLICY NO.	PREMIUM	R
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**FUNERAL PLAN [Tick relevant box: ]**

S/ SP/F 18-64	R 5000	R	R 7000	R	R 10000	R	Transport Single		R
S 65-74	R 5000	R	R 7000	R	R 10000	R	Transport Family		R
S/SP/F 75-84	R 5000	R	R 6000	R			Extended Child (under 18 yrs)	R 10 x	R
SP/F 65-74	R 5000	R					Total Children		R
Entry / Admin Fee		R					Total Payable 1 <sup>st</sup> month		R

**MAIN MEMBER DETAILS**

Surname		Name	
ID No.		Contact No.	
Physical Address			
Postal Code		2 <sup>nd</sup> Contact No.	

**DEPENDENT DETAILS & EXTENDED CHILDREN**

	Surname	Name	Relationship	ID No.
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Extended 1				
Extended 2				
Extended 3				
Extended 4				
Extended 5				

**BENEFICIARY**

Name & Surname			
Relationship		Contact No.	

**DECLARATION BY POLICY HOLDER**

- I understand and accept all the terms and conditions applicable to this policy and understand that I am contracting with Overstrand Undertakers, I warrant that all information given in this application form is true and complete, even if it is not in my handwriting.
- I declare that me and my dependants as indicated above are in good health and that none of us have any pre-existing health condition that could result in an early death, should any of it prove to be incorrect or faulty, no claims will be payable under this policy.
- I am comfortable that the product satisfies my financial needs and the Sales Agent only provided me with the facts about the policy and did not give me any Advice.
- I decided to Apply for this policy out of my own free will.
- I have Insurable Interest in the insured people and I will have financial loss if an insured person dies.
- I declare that I authorise my employer to deduct the contribution from my salary/wages if necessary
- In the event of a cash or EFT payout there will be an admin fee charged of R500.00,
- Overstrand Undertakers must collect the deceased in and around Hermanus to enjoy the full benefit of this funeral policy, if you use a different undertaker in the area the charge for processing of claim will be R 2500.00

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_ Signature: \_\_\_\_\_



**Ingwe Life**  
" For the People by the People "

Ingwe Life is an Authorised Financial Services  
Provider - FSP 46004

### Summary of Policy Rules

1. This is a group funeral insurance scheme.
2. Members between the ages of 18 - 85 years may participate in the scheme.
3. Members who are not legally married but who are living together as a family can still enjoy family benefits provided that all relevant particulars are declared on the application for membership.
4. Unmarried children under the age of 21 and unmarried full-time students under 25 are covered. Cover for physically or mentally disabled children who are dependent on their parents ceases at the child's death. Physically or mentally disabled children who receive a disability grant can enjoy their own cover or can be entered as an extended child (under 18).
5. Cover for new members are subject to a six (6) calendar month waiting period.
6. Accidental death is subject to a one (1) calendar month waiting period.
7. Children under the age of three (3) months are subject to one (1) calendar month waiting period.
8. Cover for death as a result of Suicide is subject to a minimum membership period of two (2) years.
9. Premiums are payable monthly in advance, on or before the 1st day of each month.
10. **Cover under this scheme will cease in respect of a particular member when premiums are not paid timeously.**
11. **If a member's cover should cease and the member applies to re-join the scheme at a later stage the same conditions as for new membership will apply.**
12. Premiums under the scheme are not guaranteed and can be adjusted at any stage.
13. Membership under the scheme can only commence on the 1st day of the month following receipt of the first premium and admin/entry fee.
14. Membership for new applicants will be restricted to a maximum entry age of 85 years at commencement.
15. An application for membership which is received during a month will, if accepted, only be admitted as a member of the scheme from the first day of the month following receipt of the application and the premium. Cover will commence after the stipulated waiting period has expired.
16. Only claims submitted within three (3) months of the date of death will be considered for payment.
17. Claims for common-law spouses **not** declared on the application will **not** be considered for payment in the event of death. (Traditional marriages (Loabola) included).
18. No claim will be considered unless the documentary evidence has been supplied.
19. **No claim will be honoured if premiums are in arrears or short paid.**
20. No claims in respect of grandchildren or foster children will be considered, unless they have been loaded as an extended child (under the age of 18 years).
21. No claims will be honoured if copies of ID's and Birth Certificates have not been handed in with the application form.
22. Waiting periods will apply to all new dependants starting after the entry date of application.
23. A child who is stillborn shall be covered for funeral benefits if the death occurred after the twenty-sixth (26<sup>th</sup>) week of pregnancy. Only two (2) stillbirth claims will be accepted per family during the term of the policy.
24. Claims will be paid to Overstrand Undertakers cc that in turn will pay the main member or beneficiary on the application form.
25. Claims will be paid out in forty-eight (48) hours, once all the official and correct documents are received by the Underwriter as per agreed upon.
26. There is NO refund of premiums on withdrawal or death of the principal member.
27. Please make sure this policy meets your needs and requirements

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ Signature: \_\_\_\_\_



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ENTRY DATE: \_\_\_\_\_ REINSTATE: \_\_\_\_\_  
TOP UP: \_\_\_\_\_

AGENT	POLICY NO.	PREMIUM	R
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ZIMBABWE	MOZAMBIQUE	SWAZILAND	LESOTHO
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**FUNERAL PLAN INCLUDING REPATRIATION [Tick relevant box: ]**

Single 18-65	R 10 000	R	R 15 000	R	Entry / Admin Fee	R ____
Family 18-65	R 10 000	R	R 15 000	R		Total Payable 1 <sup>st</sup> month

**MAIN MEMBER DETAILS**

Surname		Name	
ID No/Passport No		Contact No.	
Physical Address			
Postal Code		2 <sup>nd</sup> Contact No.	

**DEPENDENT DETAILS**

	Surname	Name	Relationship	ID No.
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

**BENEFICIARY**

Name & Surname			
Relationship		Contact No.	

**Member Declaration and Acceptance**

- I understand and accept all the terms and conditions applicable to this policy and understand that I am contracting with Overstrand Undertakers
- I warrant that all information given in this application form is true and complete
- I declare that me and my dependants as indicated above are in good health and that none of us have any pre-existing health condition that could result in an early death, should any of it prove to be incorrect or faulty, no claims will be payable under this policy
- I am comfortable that the product satisfies my financial needs and that the representative has explained everything to me in order for me to make an informed decision.
- I declare that I authorise my employer to deduct the contribution from my salary/wages if necessary
- In the event of a cash or EFT payout there will be an admin fee charged of R1000.00
- Overstrand Undertakers must be called to collect the deceased and do all arrangements for you to enjoy the benefits of this policy cover and repatriation, if you use a different undertaker there will be a charge of R2500 to process the claim.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ Signature: \_\_\_\_\_



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Provider - FSP 46004

## Summary of Policy Rules

1. This is a group funeral insurance scheme.
2. Members between the ages of 18 -65 years may participate in the scheme.
3. Only 1 spouse allowed on policy, maximum of 6 children per policy.
4. Children under and up until the age of 18 and unmarried full-time students are covered. Cover for physically or mentally disabled children who are dependent on their parents ceases at the child's death.
5. Physically or mentally disabled children who receive a disability grant can enjoy their own cover.
6. Cover for new members are subject to a six (6) calendar month waiting period.
7. Accidental death is subject to a one (1) calendar month waiting period.
8. Children under the age of three (3) months are subject to one (1) calendar month waiting period.
9. Cover for death as a result of Suicide is subject to a minimum membership period of two (2) years.
10. Premiums are payable monthly in advance, on or before the 1st day of each month.
11. **Cover under this scheme will cease immediately when premiums are not paid.**
12. **If a member's cover should cease and the member applies to re-join the scheme at a later stage the same conditions as for new membership will apply.**
13. Premiums under the scheme are not guaranteed and can be adjusted at any stage.
14. Membership under the scheme can only commence on the 1st day of the month following receipt of the first premium and admin/entry fee.
15. Membership for new applicants will be restricted to a maximum entry age of 65 years at commencement.
16. An application for membership which is received during a month will, if accepted, only be admitted as a member of the scheme from the first day of the month following receipt of the application and the premium. Cover will commence after the stipulated waiting period has expired.
17. Only claims submitted within three (3) months of the date of death will be considered for payment.
18. Claims for common-law spouses **not** declared on the application will **not** be considered for payment in the event of death. (Traditional marriages (Loabola) included).
19. No claim will be considered unless the documentary evidence has been supplied.
20. No claim will be honoured if premiums are in arrears or short paid.
21. No claims will be honoured if copies of ID's and Birth Certificates have not been handed in with the application form.
22. Waiting periods will apply to all new dependants or extended family starting after the entry date of application.
23. A child who is stillborn shall be covered for funeral benefits if the death occurred after the twenty-sixth (26<sup>th</sup>) week of pregnancy. Only two (2) stillbirth claims will be accepted per family during the term of the policy.
24. Claims will be paid to Overstrand Undertakers cc that in turn will pay the main member or beneficiary on the application form.
25. Claims will be paid out in forty-eight (48) hours, once all the official and correct documents are received by the Underwriter as per agreed upon.
26. Proof of Identity needed when joining.
27. There is no refund of premiums on withdrawal or death of the principal member.
28. Must be a citizen of Zimbabwe, Mozambique, Swaziland or Lesotho
29. Please make sure this policy meets your needs and requirements

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ Signature: \_\_\_\_\_