

CREDIT LIFE INSURANCE CLAIM FORM

NOTE:

* The issue of this claim form does not imply an admission of liability by the Company;
* Complete all the relevant details and hand it in at the branch;

Please attach certified copies of the following documents:

- * Identity document of the Claimant;
- * Death Certificate of the Deceased (if applicable);
- * DHA 1663 form from Department of Home Affairs;
- * Loss of Income/Retrenchment notification letter;
- * Retrenchment letter (final);
- * Disability confirmation (other);
- * Disability confirmation from medical doctor;

Policy/Loan Number: _____

Name of Policy Holder/Claimant: _____

Your residential address: _____

Telephone number: (Home) _____ (Cell) _____

Bank Details of Beneficiary:

Loan company Name: _____

Beneficiary Name and Surname: _____

Bank: _____ Bank account number: _____

Branch: _____ Branch code: _____

Account holder: _____

CLAIM DETAILS

Type of claim: (Circle)	Death	Permanent Disability	Temp Disability	Loss of Income (Standard)	Loss of Income (Extended)	Retrenchment
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DEATH:

Event: _____ (Cause)

On: _____ (Date)

At: _____ (Place)

Police Station/Case number: _____

PERMANENT / TEMPORARY DISABILITY:

Type of Disability: _____ (Cause)

Name of Doctor: _____ Tel Nr of Doctor: _____

Is this a pre-existing condition? ____ Yes / No ____ Medical Report attached? ____ Yes / No ____

LOSS OF INCOME / RETRENCHMENT:

Company Name: _____ Tel Nr of Company: _____

Other Details: _____

I confirm that all the information given is complete and true, and I allow you to investigate any information given in terms of this claim.

Signed by the Claimant or his/her legal representative: _____

Full Names and Surname (please print): _____

Date: _____

I, _____ (Branch Managers' Full names and surname) declare that the details above as well as documents submitted was checked and found to be in good order and correct.

Signature: _____

Date: _____