

VALUE ADDED PLAN CLAIM FORM

One form per claim

Call Centre 0861 001 788 | E-mail: info@nhb.co.za



Authorised Financial Services Provider
FSP#11314

1. POLICY INFORMATION

Policy Number

2. CLAIM DOCUMENTATION TO BE SUBMITTED WITH A DULY COMPLETED CLAIM FORM

- | | |
|---|---|
| <input type="checkbox"/> Affidavit declaring relationship to the Deceased | <input type="checkbox"/> Certified copy of death certificate |
| <input type="checkbox"/> Certified copy of Deceased's identity document | <input type="checkbox"/> Certified copy of Beneficiary's identity document |
| <input type="checkbox"/> Police Report (in the event of accidental death) | <input type="checkbox"/> Stamped bank statement |
| <input type="checkbox"/> Copy of latest payslip (only if policy is paid via persal or payroll) | <input type="checkbox"/> Copy BI-1663 |

3. DETAILS OF POLICYHOLDER

Name Surname
ID Number Date of Birth
Tel No (H) Tel No (W) Cell No
Fax No Email Address
Postal Address Code

4. DETAILS OF DECEASED

Name Surname
ID Number Date of Birth
Date of death Cause of death
Relationship Principal Spouse Child Parent Extended Other
Gender Male Female

5. DETAILS OF BENEFICIARY

Name Surname
ID Number Date of Birth
Tel No (H) Relationship to Deceased
Cell No
Postal Address Code

6. BENEFIT PAYMENT DETAILS OF BENEFICIARY - PROOF OF BANKING DETAILS MUST BE ATTACHED - IN THE EVENT YOU OPT FOR A CASH PAYOUT

Name of Account Holder
Name of Bank FNB ABSA NEDBANK STD BANK BIDVEST CAPITEC OTHER
Account Number
Branch Name Branch Code
Type of Account Cheque Savings Transmission

7. IMPORTANT NOTIFICATION

Claims will only be paid if:

- 1) Premiums are paid in accordance with the terms & conditions.
- 2) All documents required are submitted with a duly completed claim form;
- 3) All waiting periods in terms of the policy provisions have been completed;
- 4) The claim is made in good faith.

ASSUPOL / NHB may use personal information about you, as defined in the Protection of Personal Information Act, that ASSUPOL / NHB lawfully obtained in the past or may obtain in the future, including the information provided to ASSUPOL / NHB for this form, for the following reasons:

- 1) To consider claims;
- 2) For all purposes of administration of such policies, issued in the past or in the future, particularly to consider claims for benefits and to trace persons who could benefit from the policies;
- 3) To market ASSUPOL / NHB and their associates' products and services.

8. THIRD PARTY MANDATE AND INDEMNITY

I, the Policyholder / Beneficiary of (policy number) , do hereby expressly authorise Assupol / MHA / NHB, to pay the claim value to Mahala. I indemnify Assupol / MHA / NHB against any claim whatsoever arising out of, or in connection with, this Third Party Payment instruction. I will assume personal liability for any claim, loss and / or damage of whatever nature which Assupol / MHA / NHB may suffer as a result of this Third Party Payment instruction.

I, the undersigned do hereby declare that I have read and understood the standard terms and conditions as well as any declaration and amendment hereto. I hereby indemnify ASSUPOL / MHA / NHB against all losses or damage, which they may sustain, as a result of transactions.

I acknowledge in my personal capacity and in my capacity as representative / beneficiary of the deceased, hereby indemnify MHA / NHB against any claim made by any person, pursuant to any benefit paid by the Scheme.

Signed at (place) _____ this _____ day of _____ 20 _____
transactions entered into on the basis of this delegation of authority by myself to Mahala.

| | | |
|---|--------------------------------------|----------------------|
| <input type="text"/> | X | <input type="text"/> |
| Full name of Policyholder / Beneficiary | Policyholder / Beneficiary Signature | Date |