

MIFIT CLAIM FORM

NB: Please select preferred method of communication. Email ☐ WhatsApp ☐ Tel. ☐

Section A: Policyholder’s details

Policy Number

Name and Surname

ID Number

Tel Number (Home, Work or Cell)

Marital status (Single/Married/Divorced/Widowed/Permanent Life Partner)

Residential Address

Code

Employer Name and Work Address

Code

Medical Aid Name

Section B: Details of Race and Injury or Illness

Race number

Race/Event Name

Date of injury or illness

Time of injury or illness

Please give a detailed description of the injury or illness.

Section C: Details of all Specialist/s who treated you for your injury or illness

Doctor 1

Dr.

Address

Code

Work Tel

Date(s) visited

Doctor 2

Dr.

Address

Code

Work Tel

Date(s) visited

Doctor 3

Dr. _____ Address _____

Code _____

Work Tel _____ Date(s) visited _____

Section D: Event Notification ProcessDid the claimant notify the event organizers? YES ☐ NO ☐Was the injury caused by a violation of the event rules? YES ☐ NO ☐

If yes, please provide details _____

Was the injury caused by someone else's violation of the event rules? YES ☐ NO ☐

If yes, please provide details _____

Name of your Medical Aid _____ Medical aid number _____

Name of hospital/clinic where you received treatment _____

Hospital reference number _____

Section E: Details of Claimant (In the event of the main Insured death)

Full First Name(s) and Surname _____

ID number _____ Date of birth _____

Residential address _____

Code _____

Home Tel _____ Work Tel _____ Cell _____

Employer Name and Work Address _____

Code _____

Relationship to the deceased (Spouse/Father/Son/Permanent Life Partner, etc.) _____

Section F: Banking details of Claimant

For security reasons, payment must be made directly into your bank account. No payment will be made in favour of a third party. It may take two additional working days to reflect. MiWayLife does not take responsibility if incorrect banking details are provided.

Bank Name	
Branch code	
Type of account	
Bank account number	
Name of account holder	

Section G: Checklist

Apart from this fully completed claim form, we require the following documents to assess and process your claim as quickly as possible. The documents you have provided will be indicated by ticking YES/NO below. As the claimant, it is your responsibility to provide any outstanding documents before we can assess your claim and make a decision.

NB: All documentation must be certified by a Commissioner of Oaths.

Required documents	Documents attached	
	YES	NO
Certified copy of death certificate (BI5) – applicable for death		
Certified copy of the South African ID document of the Insured		
Certified copy of the South African ID document of the beneficiary/ claimant		
Notice of death (BI1663) or notice of death by Traditional Leader (BI1680) – applicable for death		
Copy of the claimant's bank statement		
Additional in the event of an unnatural/ accidental death: Completed 'Statement by Police' form		
Additional in the event of the death of a child: Full certified copy of birth certificate showing the names of the parents		
*If no beneficiary was nominated, a certified copy of Letter of Executorship or Acceptance Letter – applicable for death		
An original, certified copy of the marriage certificate, if the spouse of the deceased is the beneficiary – applicable for death		
Proof of authority to act on his/her behalf, if the claimant does not have legal capacity to act for himself/herself – applicable for death		
Medical reports (Certificate of medical attendant)		
Proof of Entry – applicable for injury		
Affidavit (If Claimant is not spouse) – applicable for death		

Please check and confirm that the details provided are correct, clear and readable. NB: No claim will be assessed if the information is not fully completed and verifiable.

Section H: Declaration by Claimant

Name and Surname _____

ID Number _____ Cell _____ Work number _____

Postal address _____

Code _____

Email address _____

I, the claimant, hereby declare that I have handed in this claim form and the documentation indicated above/ attached to this claim form. I agree and understand that:

- Submission of the above information and documentation does not mean that the claim has been approved.
- No claim on the abovementioned policy will be assessed or processed until all the required documentation has been received by MiWayLife.
- Incomplete information or outstanding documentation may cause delays and / or may be requested later.
- MiWayLife reserves the right to request additional documentation or information it deems necessary to assess, verify or process the claim, which will be provided by me, the claimant, at my own expense; and
- Payment of this claim will be the full and final settlement of MiWayLife liability in respect of your current claim under this policy.
- I hereby irrevocably authorise MiWayLife to communicate any message or any information regarding this claim by use of Short Message Service (SMS).

I/we declare that to the best of my/our knowledge, all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

Section I: Authorization

I/we hereby authorize MiWayLife or any of its representatives to obtain any information regarding this policy from any doctor, insurer, or elsewhere that may be necessary to investigate this claim. I/we further authorize MiWayLife or any of its representatives to release my information regarding this claim to any other interested parties that it deems necessary in respect of this claim. I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestered.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Claimant(s)/Legal Guardian/Parents/Trustee _____

Signature of Commissioner of Oaths/Justice of the Peace _____

Official stamp



MiWayLife Disclosures

POPIA

MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, we will treat this information with caution, and we have put reasonable security measures in place to protect it.

FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.
