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miwaylife

Life Insurance **reimagined**

MIWAYLIFE TERMINAL ILLNESS CLAIM FORM

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

Section A: Particulars of the Insured

Full first name(s) and Surname _____

ID Number _____ **Date of Birth** _____

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

Residential Address _____

_____ **Code** _____

Telephone Number (Home, Work and / or Cell) _____

Name of Employer _____

Medical Aid Name _____ **Medical Aid No.** _____

Section B: Details of the Terminal Illness

What is the cause of your claim? _____

Date of first symptoms _____

When was the first time you saw a doctor about this condition? _____

Date on which your terminal illness was first diagnosed? _____

How much are you claiming? Please select 50% or 100% **50%** ☐ **100%** ☐

Section C: Names of all doctors, hospitals and clinics that you consulted with in connection with the condition.

Doctor 1

Dr. _____ **Address** _____

_____ **Code** _____

Work Tel. _____ **Date(s) visited** _____

Have you been hospitalised? **YES** ☐ **NO** ☐

If "YES", please give the name of the hospital _____

Date of hospitalisation _____ **Date of discharge** _____

Doctor 2

Dr. _____ **Address** _____

_____ **Code** _____

Work Tel. _____ **Date(s) visited** _____

Have you been hospitalised? **YES** ☐ **NO** ☐

If "YES", please give the name of the hospital _____

Date of hospitalisation _____ **Date of discharge** _____

Doctor 3

Dr. _____ **Address** _____

_____ **Code** _____

Work Tel. _____ **Date(s) visited** _____

Have you been hospitalised? **YES** ☐ **NO** ☐

If "YES", please give the name of the hospital _____

Date of hospitalisation _____ **Date of discharge** _____

Section D: Details of the doctor/specialist who is currently treating your condition.

Doctor who is currently treating your condition

Doctor's Initials and Surname _____

Physical Address _____

_____ **Code** _____

Telephone number(s) _____

Details of your family doctor

Doctor's Initials and Surname _____

Physical Address _____

_____ **Code** _____

Telephone number(s) _____

When was the last time you saw this doctor? Please provide details.

_____

_____

_____

Section E: 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 F: 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 the South African ID document.		
Copy of the claimant's bank statement.		
Copies of medical aid claim statement (if applicable).		
Affidavit (If Claimant is not spouse).		
All available reports/tests, such as Histology Report, Blood Test Report, X-ray Report, CT/MRI Scan Report, ECG, and Angiogram results in the event of cardiac claims and any other result pertinent to the claim event.		

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 G: Declaration by Claimant

Name and Surname _____ **ID Number** _____

Postal address _____

_____ **Code** _____

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 H: 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 sequestrated.

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.