

# CORE BENEFIT

## Accidental and Commuter Claim Form

Claims and Enquiries: 0861 273 883

UniQ Benefit Solutions (Pty) Ltd is an Authorised Financial Services Provider, FSP no. 52006

African Unity Life Limited, a Licensed Life Insurance Company and an Authorised Financial Services Provider, FSP no. 8447

### A. HOW TO COMPLETE THE CLAIM FORM

1. Complete the form in **black ink** and in **block letters**
2. **Sections B and C** are to be completed by the Insured Group claiming
3. **Section D** to be completed by the attending specialist

This form is required in order to assess a pending claim under a policy of insurance. Issue and completion of this form does not in any way imply, construe or admit liability by the company. Only a fully completed claim form can receive our consideration. Please note that payment for any expenses incurred in the completion of this form is the responsibility of the claimant and not the Underwriter.

### B. GENERAL – Complete Section B for All Claims

Scheme Name

Insured Person

Date of Birth  /  /  Occupation

Date of Death  /  /  Time  :  Place

Give a detailed description of how the accident occurred


### C. DEATH CLAIM – Complete Section C for Death Claims Due to Accident

- The following documentation should be provided as it becomes available:
1. A certified copy of the **Identity Document** or **Birth Certificate** (if a child and Identity Document is not available)
  2. A certified copy of the **Death Certificate**
  3. A certified copy of the **Post Mortem Report**
  4. A certified copy of the **Accident Report (AR) Form**
  5. A certified copy of the **Notification / Register of Death / Still Birth (BI-1663) Form**

Date of Death  /  /  Place

State the exact cause of death and any important factors connected therewith


### D. PERMANENT TOTAL DISABILITY CLAIM – Complete Section D for PTD Claims Only

- Section D needs to be completed, signed, dated and stamped by the Attending Specialist.**
- The following documentation should be provided as it becomes available:
1. A certified copy of the **Identity Document** or **Birth Certificate if a child** and Identity Document is not available
  2. A certified copy of the **Accident Report (AR) Form**

Give full details of the injuries sustained by the insured person


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### D. PERMANENT TOTAL DISABILITY CLAIM continued

Please state the period during which the insured person was **totally** disabled from attending to his/her usual occupation:

From 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 To 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 (Both dates Inclusive)

Please state the period during which the insured person was **partially** disabled

From 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 To 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 (Both dates Inclusive)

Please state the date upon which he/she resumed his/her usual occupation

D	D

 / 

M	M

 / 

Y	Y	Y	Y

Is he/she still receiving treatment for his/her injuries?

Yes  No

If yes, please elaborate


Give details of any permanent disability suffered as a result of **THIS** accident


Does the present disability relate in any way to previous injuries or pre-existing conditions or illness?

Yes  No

If yes, please elaborate


Did any doctor other than yourself attend to the patient during the course of his/her disability?

Yes  No

If yes, please state the name and address of any other attending doctor:

Name

--

Postal Address


Code

--	--	--	--

What is the probable date of stabilisation?

D	D

 / 

M	M

 / 

Y	Y	Y	Y

In your opinion, what percentage of permanent disability can be ascribed to these injuries only?

--

 %

Please state any information not already mentioned which might be relevant to the assessment of any permanent disability arising from the accident


Signature

--

Date

D	D

 / 

M	M

 / 

Y	Y	Y	Y

Postal address


Code

--	--	--	--

Telephone

--	--	--	--	--	--	--	--	--	--

Doctor's stamp

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African Unity Life Limited reserves the right to change the documentation requirements from time to time or to request additional documentation where necessary on a case by case basis.