fin
HOME LOANS

Credit Protection Insurance Claim Application

To enable your claim to be processed, the following is needed:

- ❑ Fully completed "Claim Application" Please complete in black ink with correct payment details:
- ❑ Copy of the deceased's ID;
- ❑ Copy of the death certificate (BI5);
- ❑ A copy of the BI1663;

Details of Deceased

Name Of Deceased																		
Relationship To Claimant																		
Physical Address Of Deceased																		
										Postal Code								
Occupation Of Deceased																		
Date Of Birth Of Deceased	D	D	M	M	Y	Y	Y	Y										
Identity Number Deceased																		
Date Of Death	D	D	M	M	Y	Y	Y	Y										
Exact Cause Of Death																		
Town Of Death																		

Important Notice:
I, in my capacity as the claimant, declare and warrant that all statements and answers which may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure, which materially affects the assessment of this claim, will entitle the insurer to declare this claim null and void.

Signature Of Claimant									
Date	D	D	M	M	Y	Y	Y	Y	

Indlu Finance (Pty) Ltd T/A Thuthukani Insurance
19 Onida Ave
Val de Grace
Pretoria
TEL : 012 804 1443
FAX: 086 642 7003

Important Notice:
The following form is **only applicable** if the cause of death was **accidental.**
To be completed by the investigating officer at the Police station where the accident was reported.

Statement By Police																		
This certificate is required to substantiate a claim / accident under policy number																		
Issued on the life of	F	I	R	S	T		N	A	M	E	S		I	N		F	U	L	L
	S	U	R	N	A	M	E												
Life Assured's ID number																		
Date, Time of Accident	d	d	m	m	y	y	y	y							h	h	H	m	m
Place of Accident																		
Date, Time of Death	d	d	m	m	y	y	y	y							h	h	H	m	m
Place of Death																		
Magisterial District																		
Is there any suspicion that the deceased may have committed suicide?													Y		N			
If Yes, was there a Suicide Note?													Y		N			
Was the life assured involved in a motor vehicle accident?													Y		N			
Was the life assured a: Driver / Passenger / Pedestrian																		
If driver, was he in possession of a valid driver's license?													Y		N			
Was a blood – alcohol test done?													Y		N			
Results of blood-alcohol test													g per 100 ml					
Was the life assured in an assault?													Y		N			
Was the life assured assaulted during the course of his duties?													Y		N			
Was the life assured an innocent bystander?													Y		N			
Has or will an inquest / court proceedings be held in this regard?													Y		N			
Name of Court?																		
Date of inquest / court proceedings											D	D	M	M	Y	Y	Y	Y	
Inquest / case number and reference																		
Has or will criminal proceedings be instituted in this regard													Y		N			
What was the charge?																		
Who was charged?																		
If judgement has been given, what was the verdict?																		
Name of court																		
Date of trial											D	D	M	M	Y	Y	Y	Y	
Trial number and reference																		
Name of police station where death / accident was reported																		
Case reference number																		
Investigating officer																		
If possible, a short description of the circumstances of death / accident																		
Signature of Commissioner Of Oaths / Justice Of The Peace						Official Stamp here												
Name of investigating officer	F	I	R	S	T		N	A	M	E	S		I	N		F	U	L	L
	S	U	R	N	A	M	E												
Rank																		
Telephone Number	Area Code				Tel No.													