

**1. POLICY DETAILS**

<b>Type of Policy</b>	<input type="checkbox"/> I-Credit Mortgage CPI	<input type="checkbox"/> I-Credit Life CPI
Policy Number	Account / Loan Number	

**2. POLICYHOLDER DETAILS**

Full Name (as per ID)		Date of Birth (DD / MM / YYYY)	
SA ID / Passport Number	Age	Cellphone Number	
Email Address	Citizenship	Marital Status	
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Street Address		Suburb	
City	Province	Postal Code	Age

**3. CLAIMANT / BENEFICIARY DETAILS**

Full Name (as per ID)		Date of Birth (DD / MM / YYYY)	
SA ID / Passport Number	Age	Cellphone Number	
Relationship to Deceased / Insured		Email Address	
Account / Loan Number	Outstanding Balance at Claim Date (R)	Alternative Contact Number	

**4. BANKING DETAILS (For Claim Payment)**

Account Holder Name		Bank Name	
Account Number	Branch Code	Attach stamped bank statement not older than 3 months	
<b>Account Type</b>	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission

**5. CREDIT PROVIDER / LENDER DETAILS**

Credit Provider / Lender Name		Credit Provider Contact Number	
Credit Provider Account / Loan Number	Outstanding Loan Balance (R)	Loan Commencement Date	

**6. CLAIM TYPE – Select the Applicable Event**

<input type="checkbox"/> <b>Death</b>	Date of Death		
<input type="checkbox"/> <b>Temporary Disability</b>	Start Date	Expected End Date	
<input type="checkbox"/> <b>Permanent Disability</b>	Date Disability Occurred		
<input type="checkbox"/> <b>Retrenchment</b>	Retrenchment Date	Employer Name	

**7. CAUSE / EVENT DESCRIPTION**

Describe the cause or event leading to this claim:

GP / Doctor / Hospital Name	Doctor Contact Number
Doctor / Hospital Email	Employer Name (if applicable)

**8. DECLARATION & CONSENT**

I declare that all statements in this claim form are true and complete to the best of my knowledge.

I understand that misrepresentation or omission of material facts may result in denial of this claim.

I authorise 1Life and its administrator to verify all information, obtain medical records, and process my personal data under POPIA.

**SUPPORTING DOCUMENTS – Please tick all documents attached**

<input type="checkbox"/> Certified copy of ID / Passport	<input type="checkbox"/> Completed official claim form
<input type="checkbox"/> Certified Death Certificate (if death)	<input type="checkbox"/> BI1663 form (if death – from Home Affairs)
<input type="checkbox"/> Accident / police report (if unnatural)	<input type="checkbox"/> Medical report from treating specialist (disability)
<input type="checkbox"/> Sick leave records – 12 months (disability)	<input type="checkbox"/> Proof of retrenchment from employer
<input type="checkbox"/> Stamped bank statement (max 3 months old)	<input type="checkbox"/> Proof of outstanding loan balance

**9. SIGNATURES**

CLAIMANT / POLICYHOLDER SIGNATURE	DATE (DD / MM / YYYY)	AGENT / INTERMEDIARY SIGNATURE
Sales Agent / Intermediary Name	Agent FSP Number	Agent Date (DD / MM / YYYY)