

YAMBU BUSINESS CARE PERSONAL ACCIDENT OR DISABILITY CLAIM FORM

1.	What is the name of the YAMBU Business Care Policy Holder:			
2.	State the Yambu Business Care Membership Number:			
3.	Details of Claimant (the person who is lodging a claim for policy benefits).	Name:		
		Surname:		
		ID Number:		
		Tel/Cellular Number:		
		E-mail Address:		
		Address:		
4.	In what capacity do you claim Yambu Business Care policy benefits?	MAIN MEMBER		
		Spouse		
		Beneficiary		
		Executor/ Executrix		
		Other (please specify):		
5.	<ul style="list-style-type: none"> If the claimant is the SPOUSE of the MAIN MEMBER, you will be required to provide us with a certified copy of your marriage certificate or a sworn affidavit in confirmation of a customary union. 			
6.	Have you previously claimed any benefits from YAMBU Business Care?	Yes	No	
7.	Is there any other <u>current</u> claim submitted to YAMBU Business Care on the life of the same Life Assured?	Yes	No	

Disability or Personal Accident Benefit Claim

Incident date:			
Brief description of incident:			

SUPPORTING DOCUMENTATION REQUIRED

Items marked with an **X** are compulsory. Items not marked will depend on the nature of the status of the Claimant.

A certified copy of the life assured's Identity Document:	X	FOR OFFICE USE ONLY:	
Proof of income prior to claim (salary slip):	X	Date the spouse was added to the policy?	
A certified copy of the claimant's Identity Document:	X	Does the claimant qualify for the death benefit?	
Job description:	—	Have all documents been appropriately Certified/Stamped?	
A certified copy of the life assured's Marriage Certificate:	—	Have all the required documents been received?	
A sworn affidavit in support thereof that the life assured was in a customary/ common law union with the claimant.	—		
A sworn affidavit in support of the relationship between the claimant and the life assured.	—		
Medical reports from treating doctors and/or specialists:	X		
A recent (not older than 3 months) bank statement of the Claimant's bank account:	X		

CLAIMANT'S FULL NAME & SURNAME:		CLAIMANT'S SIGNATURE:		DATE:	
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KINDLY NOTE:

YAMBU Business Care is committed to the quick finalization of your claim, but in the absence of duly certified and proper documentation submitted to us as required, your claim will be delayed as no payout of benefits can be made until we have received ALL documents.

No third party payments will be made

FOR OFFICE USE ONLY					
Checked by (Full Name):		Checked by (sign):		Date:	
Authorised by (Full Name):		Authorised by (sign):		Date:	