5in1 Unplanned Pregnancy Claim Form

for REAL PEOPLE®

Real People Assurance Company Limited • Reg No 2001/028918/06 is an authorised Financial Services Provider. FSP26634
REAL PEOPLE VIEWS, 12 ESPLANADE ROAD, QUIGNEY, EAST LONDON, 5201 • PO BOX 19610, TECOMA 5214
Facsimile: 086 623 4080 • Helpdesk: 086 111 4803 • E-mail: realinsuranceclaims@realpeople.co.za

A. HOW TO FILL IN THE APPLICATION FORM

1 Complete the form in black ink and in block letters.
2 Submit the forms to RP Assurance at the above fax to assess the claim together with the following supporting documents.

Please tick the requirement if submitted:

Checklist for submission

2.1. A certified copy of Identity Document of Main Member (Guardian) ☐
2.2. A certified copy of Birth Certificate of Insured (Child) ☐
2.3. A copy of last working month's payslip ☐
2.4. Proof of Banking for Main Member (Bank Statement / or copy of Cancelled Cheque) ☐
2.5. Affidavit confirming Guardianship to the insured (child). ☐
2.6. A certified Medical Certificate by a Medical Official confirming pregnancy, including dates of the pregnancy period / or a certified copy of the Clinic Card and Road to Health Card. ☐

3 RP Assurance will contact you once we have assessed the claim. Depending on the circumstances, there may be other requirements over and above those listed in this document. Please make sure that you complete this form in full and meet all the requirements set out in this form to prevent hold up of claim payment.

B. DETAILS OF THE MAIN MEMBER (GUARDIAN) (TO BE FULLY COMPLETED IN ALL INSTANCES)

Policy number

Names

Surname

Date of Birth D D M M Y Y ID number

Physical Address

Area Code

Postal Address

Postal Code

Home No. Work No.

Cell No. Fax No.

E-mail address

Occupation

Name of last Employer

Contact Person at Work

C. DETAILS OF THE INSURED (CHILD)

Names

Surname

Date of Birth D D M M Y Y ID number

Physical Address

Area Code

Postal Address

Postal Code

Home No. Work No.

Cell No. Fax No.

E-mail address

Please note that in the event of any modification or variation of this standard form Real People Assurance Company will regard this form as being invalid and of no force and effect.

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Marital Status — Single — Married

If Married, Name and Surname of Spouse

ID number of Spouse

Is the insured child Employed? — Yes — No

If Yes, Fulltime or Part time

Address of Employer

Contact Number of Employer

D. DETAILS OF INFANT (NEWBORN CHILD)

Names

Surname

Date of Birth (D D M M Y Y) ID number

E. DETAILS OF BIOLOGICAL MOTHER OF THE INFANT (FULL NAMES & SURNAME)

Names

Surname

F. DETAILS OF MEDICAL PRACTITIONER / NURSE

(Hospital / Doctor where and by whom birth was registered)

Hospital Name

Hospital Address

Telephone Number

Doctor's / Nurse's Name and Surname

Medical Practitioner's / Nurse's Registration Number

G. PAYMENT DETAILS

For your protection, payment will only be made by means of Electronic Transfer (EFT), which will also ensure a more prompt payment. This payment may only be made to the owner / nominated beneficiary. WE WILL REQUIRE PROOF OF ACCOUNT, e.g. CANCELLED CHEQUE OR BANK STATEMENT THAT REFLECTS THE ACCOUNT NUMBER AND NAME OF THE ACCOUNT HOLDER. PHOTOSTAT COPIES OR FAXED COPIES ARE NOT ACCEPTABLE.

Bank Name

Branch Name — Branch Code — Account type: Saving — Cheque — Transmission

Account No.

Account Holders Name

It is very important that you provide us with the correct account information of the account to be credited. RP Assurance will not be held responsible for delays and / or damages incurred due to incorrect provision of information.

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H. DECLARATION

I hereby warrant and declare that the foregoing answers and statements are true to the best of my knowledge and belief, and that I have withheld no material fact from RP Assurance.

I agree that the written statement, and affidavits of all documents submitted in support of this claim shall constitute and are hereby made a part of this claim. I further agree that the supply of this form or any other forms supplemental hereto by RP Assurance shall not constitute an admission by it that there is any assurance in force on the life in question or a waiver of any of its rights or defence in law.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I, or anyone acting on my behalf or with my knowledge and consent have knowingly withheld any material fact or submitted any false information in respect of the claim. I further agree that upon payment of the benefit hereby claimed, RP Assurance shall be discharged from all liability in respect of such benefit.

I hereby authorise Real People Assurance Company Limited and / or its holding company or any of their affiliates or subsidiaries to request information with any registered credit bureau or other entity holding information as may be reasonably required to assess the validity of the claim instituted by me.

If any false statements are made, or if any inaccurate or false information is given by you in your forms or ancillary documentation, which may lead to your claim being approved, or any fraudulent declaration is made by you, your cover will be void and no benefits under the policy will be payable and all premiums paid will be forfeited.

In the event that a claimant is incapable of managing his / her own affairs, an appointment of a curator bonis will be required in order for RP Assurance to further assess the claim.

Signed at (Place) _____ On (date) D D M M Y Y Y Y

Sign Here

Claimant Signature

Claimant Name (Please print)