

• CANCER CLAIM FORM •

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
 Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
 P.O. Box 19610 | Tecoma | 5214
 HELPDESHK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za



A. HOW TO COMPLETE THE APPLICATION FORM

1. Please complete the form in black ink and in block letters;
2. This form must be completed by the life assured (person with cancer) or a duly appointed representative;
3. Submit all forms to Real People Assurance Company Limited ("RP Assurance") at the above fax number, or e-mail to assess the claim together with the following supporting documents.

CHECKLIST FOR SUBMISSION

- 3.1 A medical certificate request form for cancer completed by the treating medical specialist/physician;
- 3.2 Histology report and other laboratory evidence;
- 3.3 An original certified copy of your identify document of the life assured;
- 3.4 Proof of banking, for example a bank statement with original bank stamp;

Please also post originals to above address (for attention: CLAIMS). Note that claims will only be paid once original documents have been received. Please fax/e-mail claim forms prior to making a claim in order to expedite the process.

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 ensure that you complete this form in full and meet all the requirements set out in this form to prevent delay of claim payment.

B. PERSONAL STATEMENT BY THE LIFE ASSURED (TO BE FULLY COMPLETED IN ALL INSTANCES)

Policy Number	<input type="text"/>																					
Names	<input type="text"/>										Surname	<input type="text"/>										
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID number	<input type="text"/>									
Physical Address	<input type="text"/>										Area Code	<input type="text"/>										
Postal Address	<input type="text"/>										Postal Code	<input type="text"/>										
Home No.	<input type="text"/>				Work No.	<input type="text"/>																
Cell No.	<input type="text"/>				Fax No.	<input type="text"/>																
E-mail address	<input type="text"/>																					
Occupation	<input type="text"/>																					
Name of Employer	<input type="text"/>																					
Contact Person at Work	<input type="text"/>																					

C. DETAILS OF CONTACT PERSON FOR THIS CLAIM - ONLY TO BE COMPLETED IF DIFFERENT FROM THE LIFE ASSURED

Name	<input type="text"/>										Surname	<input type="text"/>									
Relationship to Life Assured	<input type="text"/>																				
Physical Address	<input type="text"/>										Area Code	<input type="text"/>									
Postal Address	<input type="text"/>										Postal Code	<input type="text"/>									
Home No.	<input type="text"/>				Work No.	<input type="text"/>															
Cell No.	<input type="text"/>				Fax No.	<input type="text"/>															
E-mail address	<input type="text"/>																				

In the event that the life assured 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.

