

RETRENCHMENT 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



SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
 SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | 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 form to Real People Assurance Company Limited ("RP Assurance") using any of the above contact details.
3. To assess the claim fully, the following documents are required.

CHECKLIST FOR SUBMISSION

- 3.1. A certified copy of Identity Document of claimant.
- 3.2. A certified copy of employment agreement or certified copy of the last salary advise.
- 3.3. Retrenchment letter by employer (on company letterhead). This letter must comply with current legislation regarding retrenchment. Any letter not complying with these requirements will not be accepted and no claim will be considered.
- 3.4. Employer Retrenchment claim form completed by the employer.
- 3.5. Proof of continued unemployment.
4. 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. 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"/>	ID number	<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"/>	<input type="text"/>	<input type="text"/>	
Physical Address	<input type="text"/>																				
	<input type="text"/>															Area Code	<input type="text"/>				
Postal Address	<input type="text"/>																				
	<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 last Employer	<input type="text"/>																				
Contact Person at Work	<input type="text"/>																				

C. REASONS FOR TERMINATION (TICK WHERE APPLICABLE)

Retrenchment	<input type="checkbox"/>	Company Liquidated	<input type="checkbox"/>
Employed on contract basis	<input type="checkbox"/>	End of probation	<input type="checkbox"/>
Company Closed	<input type="checkbox"/>	Resigned	<input type="checkbox"/>
Employed on temporary basis	<input type="checkbox"/>	Dismissed	<input type="checkbox"/>

Other Reasons (give details)

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D. EMPLOYER DETAILS

Company name																																
Address																																
Tel No.									Facsimile No.																							
E-mail address																																
Employee No.																																
Date first employed	D	D	M	M	Y	Y	Y	Y																								
Date on which you were first advised of a possibility of retrenchment	D	D	M	M	Y	Y	Y	Y																								

E. RETRENCHMENT CLAIM DECLARATION

I, the claimant, hereby make claim to the benefits of the above assurance contract/s and declare foregoing answers and statements are true to the best of my knowledge and belief, and I have not kept material facts from RP Assurance.

I agree that all information and documentation submitted in support of this claim shall constitute and form part of this claim. I further agree that the supply of this form or of any other forms supplemental to Real People Assurance Company Limited shall not constitute an admission by it that there was any assurance in force on the life in question or a waiver of any of its rights of 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 by RP Assurance of the benefits hereby claimed, RP Assurance shall be discharged from all liability in respect of such benefits.

Signed at (Place) On (date)

D	D	M	M	Y	Y	Y	Y
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Sign Here	
Life Assured's Signature	Life Assured's Name (Please print)

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 this policy will be payable and all premiums paid will be forfeited.